

RISK ASSESSMENT FORM FOR ANABOLIC STEROID DEPENDENCE

Use this form to assess your patient's/your own risk of dependence on anabolic steroids (AAS). A high score (three or above) may indicate dependence.

NAME

DATE

DD / MM / YYYY

A maladaptive pattern of anabolic steroid use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

Select the appropriate items for the person's use of anabolic steroids.

1. **Tolerance, as defined by either of the following:**
 - A need for markedly increased amounts of the substance to achieve intoxication or desired effect; for AAS this progression to markedly larger doses may be related to dissatisfaction with the previous level of desired effect (e.g. level of muscle mass).
 - Markedly diminished effect with continued use of the same amount of the substance (e.g. failure to maintain the same level of lean muscle mass on a given dose of AAS).
2. **Withdrawal, as manifested by either of the following:**
 - A characteristic withdrawal syndrome, characterized for AAS by two or more of the following features: depressed mood, prominent fatigue, insomnia or hypersomnia, decreased appetite and loss of libido.
 - AAS are used to relieve or avoid withdrawal symptoms.
3. **The substance is often taken in larger amounts or over a longer period than was intended.**
 - For AAS, this may be manifested by repeatedly resuming courses of AAS use after a shorter 'off' period than the individual had originally planned, or by eliminating 'off' periods entirely.
4. **There is a persistent desire or unsuccessful efforts to cut down or control substance use.**
 - For AAS, this may be manifested by unsuccessful attempts to reduce or stop AAS use because of prominent anxiety about losing perceived muscular size.
5. **A great deal of time is spent in activities necessary to obtain the substance, use the substance or recover from its effects.**
 - For AAS, this may be manifested by extensive time spent participating in muscle-related activities surrounding AAS use (e.g. time spent in weight training, attending to diet and supplement use and associating with other AAS users) in addition to actual time spent obtaining and administering AAS.
6. **Important social, occupational, or recreational activities are given up or reduced because of substance use.**
 - For AAS, this may be manifested by giving up important outside activities because of an extreme preoccupation with maintaining a supraphysiological AAS-induced level of muscularity (e.g. the individual relinquishes outside activities for fear that these activities will cause him to miss workouts, violate dietary restrictions, or compromise his ability to use of AAS).
7. **The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.**
 - Such as gynecomastia, sexual dysfunction, hypertension, dyslipidemia, cardiomyopathy, mood swings, irritability or increased aggressiveness.

THIS FORM IS BASED ON: Kanayama G, Brower K, Wood R, Hudson J, Pope Jr H. Issues for DSM-V: clarifying the diagnostic criteria for anabolic-androgenic steroid dependence. Am J Psychiatry. 2009;166(6):642-645

If you selected three or more options, please consider asking your doctor or health centre for help. More information: dopinglinkki.fi/en/

