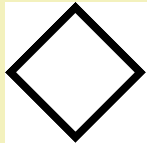
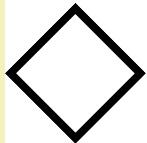




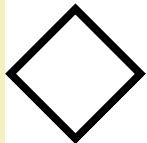
## Addiction Criteria



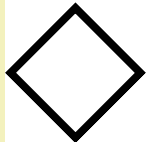
Do you repeatedly fail to resist impulses or engage in a specific behavior to a greater extent or for a longer period of time than intended?



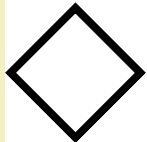
Have you thought about stopping or often tried to stop or control specific behaviors and failed?



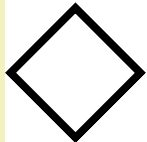
Have you obsessed about preparing for a behavior or obtaining a substance?



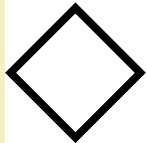
Have you spent excessive time doing something or recovering from your activities?



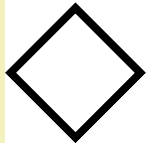
Have you chosen a substance or behavior over other obligations that you were expected to be fulfilling, e.g. work, school, family or social obligations



Have you continued despite recurring social, financial, emotional, or physical problems that have resulted?



Do you need to increase the intensity of the behavior or take more of the substance to achieve the desired effect?



Do you experience anxiety, become angry or feel restless if unable to obtain your desired substance or behavior?