

# Is Your Internet Use a Problem?

*A Clinical Self-Assessment for Adults*

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## About This Assessment

Internet Addiction is a real addiction that can affect anyone, regardless of age, race, or background. The addiction levels of Internet Addiction can mimic those of drugs and alcohol, to the extent relationships, careers, and even lives can be lost. As a therapist who specializes in treating Internet Addiction, and a former addict, I have created this screening tool, so others can see the hard truth: the addiction is real.

This assessment is designed to help adults recognize patterns of compulsive or problematic internet use before those patterns harden into clinical addiction — or to confirm what may already have become a serious clinical concern. It is not a diagnostic instrument. It is a screening tool, the kind of structured starting point a clinician (such as myself) would use in an intake to determine where you stand and what kind of support would be helpful.

The twenty items below are organized around four domains drawn from the clinical literature on behavioral addiction: preoccupation and salience, tolerance and loss of control, functional impairment, and withdrawal and mood modification. **These are the same four domains used to evaluate substance use disorders and behavioral addictions like gambling, and they map closely onto the proposed criteria for Internet Gaming Disorder in the DSM-5-TR.**

Reading through this document and answering **honestly** takes most adults between eight and fifteen minutes. Take the time to do it well. The value of the assessment is entirely determined by the honesty of your answers.

## How to use this assessment

- Answer based on your experience over the past 30 days, not your worst week or your best week.
- Use the 5-point scale: 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Always.
- Write your score next to each item in the space provided, or print this page and circle your responses.
- Add up all 20 responses to get your total score, then read the matching interpretation at the end.
- Pay attention not only to your total but to the items where you scored 3 or 4 — individual high scores often matter as much as the aggregate.
- "Internet use" in this assessment includes any device-based online activity: phone, computer, tablet, console, smart TV. Social media, video, gaming, browsing, and messaging all count. Obligations, such as Internet use for work or school, do **not** count.

### **A Note on Honesty**

The hardest part of this assessment is not the questions — it is the honesty. Compulsive internet use is often accompanied by minimization, rationalization, and quiet shame. If you find yourself softening an answer because the true response feels uncomfortable, that softening is itself clinical information. Try the assessment a second time with the higher answer and see how the total changes.

# The Assessment

Score each statement from 0 to 4 based on the past 30 days.

0 = Never · 1 = Rarely · 2 = Sometimes · 3 = Often · 4 = Always

## Domain 1 — Preoccupation & Salience

1. I find myself thinking about being online — what I'll check, what I might be missing — even when I'm doing other things.

Score (0–4): \_\_\_\_\_

2. I feel compelled to check my phone, email, or apps within the first fifteen minutes of waking up.

Score (0–4): \_\_\_\_\_

3. I feel anxious, irritable, or restless when I cannot access the internet for an extended period.

Score (0–4): \_\_\_\_\_

4. I plan parts of my day around when I can be online or use my devices.

Score (0–4): \_\_\_\_\_

5. I lose track of time when I'm online and stay on much longer than I originally intended.

Score (0–4): \_\_\_\_\_

## Domain 2 — Tolerance & Loss of Control

6. I spend more time online now than I did six months or a year ago.

Score (0–4): \_\_\_\_\_

7. I have tried to cut back on my internet or device use and been unable to sustain it.

Score (0–4): \_\_\_\_\_

8. I stay online longer than I planned, even when I know I should stop.

Score (0–4): \_\_\_\_\_

9. I need to spend increasing amounts of time online to feel satisfied or stimulated.

Score (0–4): \_\_\_\_\_

10. I have made promises to myself or to other people about limiting my use that I have not kept.

Score (0–4): \_\_\_\_\_

### Domain 3 — Functional Impairment

11. My internet use has interfered with my work performance, productivity, or schooling.

Score (0–4): \_\_\_\_\_

12. I have lost sleep because I stayed online later than I intended.

Score (0–4): \_\_\_\_\_

13. My relationships with family, partner, or close friends have suffered because of my time online.

Score (0–4): \_\_\_\_\_

14. I have neglected household responsibilities, errands, exercise, or self-care due to my time online.

Score (0–4): \_\_\_\_\_

15. I have declined social invitations or set aside hobbies I used to enjoy in order to stay online.

Score (0–4): \_\_\_\_\_

### Domain 4 — Withdrawal & Mood Modification

16. I use the internet to escape difficult emotions such as stress, sadness, loneliness, or boredom.

Score (0–4): \_\_\_\_\_

17. I feel down, empty, or irritable when I am offline for an extended period.

Score (0–4): \_\_\_\_\_

18. I have hidden, minimized, or lied about the amount of time I spend online when asked.

Score (0–4): \_\_\_\_\_

19. I feel a noticeable mood lift or sense of relief when I return online after being away.

Score (0–4): \_\_\_\_\_

20. I have continued using the internet at current levels despite knowing it is causing problems in my life.

Score (0–4): \_\_\_\_\_

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**Your total score**

Add your responses for items 1 through 20. The total ranges from 0 (no concerns) to 80 (severe). Write your total here:

**Total score:** \_\_\_\_\_ / 80

*Now turn the page to read the interpretation that matches your score.*

## Scoring & Interpretation

Find the range that matches your total score below. Read the full interpretation — the specific guidance for each range is meaningfully different, and where you fall determines what kind of response is most likely to actually help.

### **0 – 19 · Low Concern**

Your internet use appears to fall within typical patterns and does not currently show signs of compulsive or clinically problematic engagement. Most adults in this range experience occasional moments of overuse — staying up later than intended, losing time to scrolling, feeling restless without a device — without it interfering meaningfully with work, relationships, or wellbeing.

Even in this range, it is worth paying attention to specific items where you scored a 3 or 4. A pattern of using screens to escape difficult emotions (item 16) or losing sleep to online activity (item 12) can quietly grow over time, particularly during stressful life periods. Periodic self-check-ins, intentional offline time, and awareness of your screen patterns are reasonable preventive practices.

#### **What to do next.**

Continue monitoring. If your circumstances change — a demanding new role, a relationship loss, a period of low mood, a major life transition — retake this assessment. Most internet addiction begins as a coping response to stress, not as a deliberate choice.

### **20 – 39 · Emerging Pattern**

Your responses suggest that internet use is starting to occupy more space in your life than is healthy for most adults, and that some patterns of compulsive engagement have begun to develop. This range often reflects what clinicians call problematic internet use — patterns that have not yet crossed the threshold of clinical addiction but are clearly trending in that direction if they go unaddressed.

The defining characteristic of this range is that the costs are real but still manageable. You may be losing sleep, missing some responsibilities, or noticing irritability when offline, but you are typically still functioning in your work, in your relationships, and in self-care. The risk is not where you are right now. The risk is where these patterns tend to go without intervention.

#### **What to do next.**

This is the most important range in which to take action, precisely because change at this stage is still relatively straightforward. Track your screen time honestly for two weeks — most phones do this automatically. Identify your two or three highest-use apps and remove them from your phone for thirty days. Establish device-free hours, especially the first hour after waking and the last hour before sleep. Notice what emotional state usually precedes your heaviest use; that pattern is where the work is. If self-directed change feels difficult after three or four weeks of honest effort, a brief course of cognitive-behavioral therapy can be highly effective at this stage and prevents progression into a more entrenched clinical picture.

#### **40 – 59 · Significant Concern**

Your responses indicate clinically significant patterns of compulsive internet use. The combination of behavioral pattern, emotional dependence, and functional impact described in this assessment is consistent with what many clinicians treat as Internet Addiction. This is not a moral failing or a sign of personal weakness — it reflects how high-engagement digital platforms are designed to exploit normal reward and motivation systems, and how repeated exposure to those systems can dysregulate them over time.

In this range, it is typical to recognize the problem and feel unable to change it through willpower alone. You may have tried to cut back multiple times, succeeded briefly, and returned to old patterns. You may have hidden the extent of your use from people who care about you. You may carry a quiet sense of shame about how much of your life is spent online. These are common experiences and they are clinically addressable.

#### **What to do next.**

Self-directed strategies often fall short at this level because the patterns are too well-established for unaided change. The most effective approach is structured clinical treatment — usually a combination of cognitive-behavioral therapy adapted for behavioral addictions, environmental restructuring at the device and network level, and treatment of whatever underlying anxiety, depression, ADHD, autism, or relational difficulty is being managed through screen use. If you do not currently have a clinician who specializes in this, I offer evaluations and treatment focused specifically on internet addiction. You can read more about my approach at [nathandriskell.com](http://nathandriskell.com) or schedule a free 15-minute consultation to discuss whether treatment with me would be a good fit.

## **60 – 80 · Severe / Clinical Range**

Your responses indicate severe patterns of internet addiction with substantial functional impact across multiple domains of your life. In this range, internet use has typically become the central organizing feature of daily life, with significant consequences for work or school, relationships, physical health, sleep, and emotional wellbeing.

It is important to take these results seriously, and it is equally important to know that this range is highly treatable. The clients I work with who score in this range generally arrive feeling that their use is different from other people's, that they have failed every previous attempt to change it, and that some essential discipline or strength is missing. None of that is the actual problem. The actual problem is that high-engagement digital systems are powerful, that they activate the same neural circuitry as substance addictions, and that they are very difficult to disengage from without structured help — particularly when underlying conditions like ADHD, autism, depression, anxiety, or trauma are also present.

### **What to do next.**

I strongly encourage you to seek a clinical evaluation rather than continuing to manage this on your own. Specialized treatment for internet addiction combines evidence-based CBT, environmental controls, treatment of co-occurring conditions, and ongoing relapse prevention. If you would like to schedule a free 15-minute consultation to discuss your situation, you can do so at [nathandriskell.com](http://nathandriskell.com). If geography makes that impractical, my book *Internet Addiction: Kicking the Habit* covers many of the same treatment principles I use clinically.

## A Final Clinical Note

This assessment is a screening tool. It is **not** a diagnosis. Diagnoses of clinical disorders require a full evaluation by a qualified mental health professional who can take a complete history, evaluate co-occurring conditions, and rule out alternative explanations.

If you scored in a range that concerns you — including a moderate total with high scores on specific items related to mood, sleep, work, or relationships — please consider this an invitation to take the concern seriously rather than dismiss it. Internet addiction tends to escalate, not stabilize, when left untreated, and the cost of waiting is rarely worth the small comfort of avoidance.

If you scored in a range that does not concern you but you are still reading because someone you love is struggling with their screen use, the same instrument can be administered to them with a clinician's support. The conversations that come from a shared structured assessment are often more productive than the ones that come from worry alone.

## About the Author

Nathan Driskell, MA, LPC, is a Licensed Professional Counselor in Texas with 16 years of clinical experience. He specializes in the treatment of Internet Addiction and Autism, and works with adults, adolescents, and families navigating the intersection of mental health and technology.

He is the author of *Internet Addiction: Kicking the Habit* and writes regularly on the relationship between technology and mental health at [nathandriskell.com](http://nathandriskell.com) and in the Spectrum & Screens LinkedIn newsletter, which serves clinicians, parents, educators, and adults navigating their own relationship with screens.

To learn more about his clinical practice, treatment approach, or to schedule a free 15-minute consultation, visit [nathandriskell.com](http://nathandriskell.com).

### Ready to take the next step?

If your score suggests that professional support would be useful, I would be glad to talk with you. The first conversation is a free 15-minute consultation — no obligation, no pressure — to discuss your situation and whether we would be a good clinical fit.

Schedule at: <https://nathandriskell.com/contact/>

Read more about internet addiction treatment: <https://nathandriskell.com/internet-addiction-treatment/>