

DO YOU HAVE A PROBLEM WITH ALCOHOL?

Answer the questions below as honestly as you can.

Have you ever felt that you drink too much alcohol? Yes No

How often do you drink? _____

How much? _____

Have you tried to cut down or quit drinking? Yes No

How often have you tried? _____

How long were you able to stay sober? _____

Have you gone to anyone for help because of your drinking (Alcoholics Anonymous, a counselor, a treatment program, etc.)? Yes No

Have you had any health problems related to your use of alcohol? For example, have you:

- | | |
|--|--|
| Had blackouts or other periods of memory loss? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had convulsions or delirium tremens (DTs)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had hepatitis or other liver problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Felt sick, shaky, or depressed when you stopped? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Been injured after drinking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Has drinking caused problems between you and your family or friends? Yes No

In what way? _____

Has your drinking caused problems for you at work? Yes No

How and when? _____

Have you been arrested for bad behavior while drinking (bouncing bad checks, driving while intoxicated, theft, etc.)? Yes No

What happened and when? _____

Have you lost your temper or gotten into fights while drinking? Yes No

How often? _____

Do you need to drink more and more to get the effect you want? Yes No

Do you spend a lot of your time thinking about or trying to get alcohol? Yes No

When drinking, are you more likely to do something you wouldn't normally do, such as break laws or have unprotected sex? Yes No

Do you have feelings of guilt about your drinking? Yes No

Going back more than six months, have you ever had a drinking problem? Yes No

Did any of your family members have a drinking problem as you were growing up?

Yes No

Who? _____

Do they still have problems? Yes No

In your own opinion, do you think you might have a drinking problem now? Yes No

Have your family or friends expressed concern over your use of alcohol? Yes No

Who? _____

What prompted their concern? _____
