

Name \_\_\_\_\_ Date \_\_\_\_\_

1. Has your efficiency decreased as a result of your drinking or using?  
Yes \_\_\_ No \_\_\_
2. When using or drinking, do you neglect to eat properly?  
Yes \_\_\_ No \_\_\_
3. Do you use or drink alone?  
Yes \_\_\_ No \_\_\_
4. Do you use or drink more than usual when under pressure, angry, or depressed?  
Yes \_\_\_ No \_\_\_
5. Are you able to drink or use more now without feeling it, compared to when you first started using?  
Yes \_\_\_ No \_\_\_
6. Have you lost interest in other activities or noticed a decrease in you ambition as a result of your drinking or using?  
Yes \_\_\_ No \_\_\_
7. Have you had the shakes or tremors following heavy drinking or using or not using for a period of time?  
Yes \_\_\_ No \_\_\_
8. Do you want to drink or use at a particular time each day?  
Yes \_\_\_ No \_\_\_
9. Do you go on and off the wagon?  
Yes \_\_\_ No \_\_\_
10. Is drinking or using jeopardizing your job?  
Yes \_\_\_ No \_\_\_
11. Have you ever lost time from work because of using or drinking?  
Yes \_\_\_ No \_\_\_
12. Have you ever sneaked or hidden your use?  
Yes \_\_\_ No \_\_\_
13. On occasion, do you feel uncomfortable if alcohol or your drug is not available?

Yes\_\_ No\_\_

14. Do you continue drinking or using when friends or family suggest you have had enough?

Yes\_\_ No\_\_

15. Have you ever felt guilty or ashamed about your drinking or using or what you did while under the influence?

Yes\_\_ No\_\_

16. Has anyone ever suggested you quit or cut back on your drug/alcohol use?

Yes\_\_ No\_\_

17. Has drinking or using affected your reputation?

Yes\_\_ No\_\_

18. Have you made promises to control your drinking or using and then broken them?

Yes\_\_ No\_\_

19. Have you ever switched to different drinks or drugs or changed your using pattern in an effort to control or reduce your consumption?

Yes\_\_ No\_\_

20. Have you ever gotten into financial, legal, or marital difficulties due to using?

Yes\_\_ No\_\_

***IF YOU ANSWER "YES" TO ONE OR MORE OF THE ABOVE QUESTIONS, IT DOES NOT NECESSARILY INPLY A CHEMICAL DEPENDENCY PROBLEM. THREE OR MORE "YES" ANSWERS SUGGEST THAT YOU SHOULD MORE CLOSELY EVALUATE YOUR DRUG AND OR ALCOHOL USE.***