

Name _____ Date _____

Please select "yes" or "no" for each question.

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| 1. Do you feel you are a normal drinker? | Yes | No |
| 2. Do friends or relatives think you are a normal drinker? | Yes | No |
| 3. Have you ever attended a meeting of Alcoholics Anonymous (AA)? | Yes | No |
| 4. Have you ever lost friends or girlfriends/ boyfriends because of drinking? | Yes | No |
| 5. Have you ever gotten into trouble at work because of drinking? | Yes | No |
| 6. Have you ever neglected your obligations, your family, or your work for 2 or more days in a row because you were drinking? | Yes | No |
| 7. Have you ever had delirium tremens (DTs), severe shaking, heard voices, seen things that weren't there after heavy drinking? | Yes | No |
| 8. Have you ever gone to anyone for help about your drinking? | Yes | No |
| 9. Have you ever been in a hospital because of drinking? | Yes | No |
| 10. Have you ever been arrested for drunk driving or driving after drinking? | Yes | No |