

Clean Acres Recovery Housing

Self-Assessment of Drinking

Name: _____

Date: _____

The following requires you to be as honest with yourself and us as possible. This assessment is designed to assist in the evaluation of an “addictive” behavior.

Yes No

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| ___ | ___ | 1. Do you feel you are a normal drinker? |
| ___ | ___ | 2. Have you ever awakened in the morning after some drinking the night before and found that you could not remember a part of the evening? |
| ___ | ___ | 3. Do your spouse/parents ever worry/complain about your drinking? |
| ___ | ___ | 4. Can you stop drinking after one or two drinks without a struggle? |
| ___ | ___ | 5. Do you ever feel bad about your drinking? |
| ___ | ___ | 6. Do friends or relatives think you are a normal drinker? |
| ___ | ___ | 7. Do you ever try to limit drinking to certain times of the day or to places? |
| ___ | ___ | 8. Are you always able to stop drinking when you want to? |
| ___ | ___ | 9. Have you ever attended an Alcoholics Anonymous (AA) meeting? |
| ___ | ___ | 10. Have you ever gotten into fights when drinking? |
| ___ | ___ | 11. Has drinking ever created problems with you and your spouse/family? |
| ___ | ___ | 12. Has your spouse/family member ever sought help about your drinking? |
| ___ | ___ | 13. Have you ever lost a friend or friends because of your drinking? |
| ___ | ___ | 14. Have you ever gotten into trouble at work/school due to your drinking? |
| ___ | ___ | 15. Have you lost a job because of drinking? |
| ___ | ___ | 16. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking? |
| ___ | ___ | 17. Do you drink before noon? |
| ___ | ___ | 18. Have you ever been told you have liver trouble? Cirrhosis? |
| ___ | ___ | 19. Have you ever had the D.T.'s, sever shaking, heard voices, or seen things that weren't there after heavy drinking? |
| ___ | ___ | 20. Have you ever gone to anyone for help about your drinking? |
| ___ | ___ | 21. Have you ever been in a hospital because of your drinking? |
| ___ | ___ | 22. Have you ever been a patient in a psychiatric hospital or psychiatric ward or general hospital where drinking was part of the problem? |
| ___ | ___ | 23. Have you ever been seen at a mental health clinic, gone to a doctor, social worker, or clergyman for help with an emotional problem in which drinking had played a part? |
| ___ | ___ | 24. Have you ever been arrested, even for a few hours, because of drunken behavior? |
| ___ | ___ | 25. Have you ever been arrested for drunk driving or driving after drinking? |
| ___ | ___ | 26. Does anyone in your immediate family have/ever have a drinking problem? |