

Name _____ Date _____

1. How many times have you been arrested on charges involving drugs/alcohol?
(Do not count the present DWI arrest.)
2. Is someone close to you concerned about your drugging/drinking?
Yes () No ()
3. With whom did you do most of your drugging/drinking before this arrest?
Husband/Wife () Relative () Friends ()
Strangers () Alone ()
4. Do you believe your drugging/drinking may be causing you problems?
Yes () No ()
No, but it used to cause me problems () Not Sure ()
5. Do you want help for a drugging and or/drinking problem?
Yes () No () Not Sure ()
6. Do you feel you are a normal drinker?
Yes () No ()
7. Have you ever awakened the morning after some drinking the night before and found
you could not remember a part of the evening before?
Yes () No ()
8. Does your wife , husband, a parent, or other near relative ever worry or complain
about your drinking?
Yes () No ()
9. Can you stop drinking without a struggle after one or two drinks?
Yes () No ()
10. Do you ever feel bad about your drugs/drinking?
Yes () No ()
11. Do you friends or relatives think you are a normal drinker?
Yes () No ()

12. Do you ever try to limit your drugging and/or drinking to certain times of the day or to certain places?
Yes () No ()
13. Are you always able to stop drugging and/or drinking when you want to?
Yes () No ()
14. Have you ever attended a meeting of Alcoholics Anonymous?
Yes () No ()
15. Have you gotten into fights when drugging and/or drinking?
Yes () No ()
16. Has drugging and/or drinking ever created problems between you and your wife, husband, parent, or other near relative?
Yes () No ()
17. Has your wife, husband, a parent, or other near relative ever gone to anyone for help about your drugging and/or drinking?
Yes () No ()
18. Have you ever lost friends because of drugging/drinking?
Yes () No ()
19. Have you ever gotten into trouble at work because of drugging/drinking?
Yes () No ()
20. Have you ever lost a job because of drugging/drinking?
Yes () No ()
21. Have you ever neglected your obligations, your family, or your work for 2 or more days in a row because you were drugging/drinking?
Yes () No ()
22. Do you drug and/or drink before noon fairly often?
Yes () No ()
23. Have you ever been told you have liver trouble? Cirrhosis?
Yes () No ()
24. After heavy drugging and/or drinking, have you ever had Delirium Tremens (DT's) or severe shaking?
Yes () No ()

25. After heavy drinking and /or drugging, have you ever heard voices or seen things that weren't really there?
Yes () No ()
26. Have you ever gone to anyone for help about your drinking?
Yes () No ()
27. Have you ever been in the hospital because of drinking?
Yes () No ()
28. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital?
Yes () No ()
29. Have you ever been in a hospital to be "dried out" (detoxified) because of drinking?
Yes () No ()
30. Have you ever been in jail, even for a few hours, because of drugs/drunk behavior?
(Count the present arrest)
Yes () No ()