

# ALCOHOL ABUSE Screening

1. Have you ever decided to stop drinking but could only stop for a couple of days? Yes or No
  2. Do you wish people would mind their own business about your drinking? Yes or No
  3. Have you ever switched from one kind of drink to another in the hope that this would keep you from getting drunk? Yes or No
  4. Have you had to have an "eye-opener" upon awakening during the past? Yes or No
  5. Do you envy people who can drink without getting in trouble? Yes or No
  6. Have you had problems connected with drinking during the past year? Yes or No
  7. Has your drinking caused trouble at home or with friends? Yes or No
  8. Do you try and get extra drinks at a party because you do not get enough? Yes or No
  9. Do you tell yourself you can stop drinking anytime you want to, even though you keep using when you do not mean to? Yes or No
  10. Have you missed days of work or school because of alcohol? Yes or No
  11. Do you have "blackouts"? Yes or No
  12. Have you ever felt that your life would be better if you did not drink? Yes or No
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