



## Assessment Questionnaire

1. Have you lost time from work due to your drinking?  
Yes  No
2. Has your drinking affected your relationships where you work?  
Yes  No
3. Is drinking effecting the happiness of your home life?  
Yes  No
4. Has drinking had a negative effect on your ambition?  
Yes  No
5. Do you turn to lower social groups and inferior environments when drinking?  
Yes  No
6. Have you ever felt remorse after drinking?  
Yes  No
7. Do you drink because you are shy around strangers?  
Yes  No
8. Have you gotten into financial difficulties as a result of your drinking?  
Yes  No
9. Does your drinking make you careless of your family's welfare?  
Yes  No
10. Do you ever desire a drink when waking in the morning?  
Yes  No
11. Does drinking cause you to have difficulty sleeping?  
Yes  No
12. Do you ever combine alcohol with marijuana, or pills?  
Yes  No
13. Do you crave a drink at a definite time daily?  
Yes  No
14. Do you look forward to your next opportunity to have a drink?  
Yes  No

**15. Has your efficiency decreased since drinking?**

Yes  No

**16. Is drinking jeopardizing your job or business?**

Yes  No

**17. Do you drink to escape from worries or troubles?**

Yes  No

**18. Do you drink alone?**

Yes  No

**19. Have you ever had a complete loss of memory as a result of your drinking?**

Yes  No

**20. Has your physician ever treated you for drinking?**

Yes  No

**21. Do you drink to bolster your self-confidence?**

Yes  No

**22. Have you ever been in a hospital or institution on account of drinking?**

Yes  No

**23. Have you ever been arrested for drunken driving, driving under the influence of alcoholic beverages, or driving while intoxicated?**

Yes  No

**24. Has your drinking ever created problems between you and your wife, husband, a parent, children, other relatives, or a friends?**

Yes  No

**Counsellor's comments:**

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