

Client Name: _____ Date: _____

Intoxicated: under the influence of alcohol or any chemical substance to the point that normal faculties are impaired.
Drunk: under the influence of alcohol

PLEASE CIRCLE THE APPROPRIATE RESPONSE:

1. When you drink do you usually have four or more?
YES NO
2. When you drink do you usually become intoxicated?
YES NO
3. Do you ever get drunk / high alone?
YES NO
4. Do you ever get drunk / high in the morning?
YES NO
5. Do you sometimes drink / use when you had planned not to?
YES NO
6. Do you sometimes drink / use more than you plan or intended to when you started?
YES NO
7. Do you ever hide your drinking / using from others?
YES NO
8. Do you find it hard to stop once you start drinking / using?
YES NO
9. Have you ever set rules or limits on your drinking / using and broken them?
YES NO
10. Do you find yourself thinking about, planning or looking forward to getting drunk / high?
YES NO
If YES, explain: _____
11. Does it take more to get you drunk / high than it did when you started drinking / using?
YES NO
12. Have you ever cut down or stopped your drinking / using because you thought it was becoming a problem?
YES NO
13. Do you ever drink / use to relieve emotional discomfort (such as nervousness around other people, tension, worry, sadness, anger or boredom)?
YES NO
14. Do you ever drink / use at work or school?
YES NO
15. Have you ever had a blackout (memory loss of events that took place while you were drunk / high)?
YES NO
16. Is your drinking / using different than you would like it to be?
YES NO
If YES, explain: _____
17. Does your drinking / using ever interfere with your ability to carry out daily activities?
YES NO
18. Does your personality change when you drink / use?
YES NO
If YES, explain: _____
19. Have you changed your lifestyle in any way (friends, activities) because of your drinking / using?
YES NO
If YES, explain: _____
20. Do you ever have "the shakes" following an episode of drinking?
YES NO
If YES: Do you ever drink to stop them? YES NO
21. Have you ever experienced withdrawals from drugs / alcohol?
YES NO
22. Has your drinking / using ever caused you problems with friends / family?
YES NO
23. Has anyone close to you ever expressed worry or concerns about your drinking / using?
YES NO
24. Do you sometimes feel ashamed, embarrassed, or disgusted with yourself after an episode of intoxication?
YES NO
25. Do you feel you spend more money on drinking / using than you should?
YES NO
26. Has your drinking / using caused you any physical health problems including injury while under the influence?
YES NO
27. Have you ever had a DUI?
YES NO
If YES, list dares and BAC: _____
28. Have you ever been in an accident (reported or not) while you were intoxicated?
YES NO
29. Approximately how many times have you been intoxicated in the past year?
10-30 30-50 50-70 Over 70 Every Day None
30. Do you ever regret or feel badly about how you drink / use?
YES NO
31. Have you ever had counseling because of your drinking / using?
YES NO
If YES, when and where? _____
32. Have you been completely honest in your answers?
YES NO