**Drug and Alcohol Self Assessment Form:**

Do you have a problem with alcohol or other drugs?

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| --- | --- | --- | --- |
| **Questions** | | **Yes** | **No** |
| 1 | Do you drink or use drugs to overcome shyness or to feel more confident? |  |  |
| 2 | Are you having money troubles because of drinking or using drugs? |  |  |
| 3 | Do you ever stay home from work because of drinking or drug use? |  |  |
| 4 | Is drinking or using drugs causing trouble in your family? |  |  |
| 5 | Is drinking or using drugs giving you a bad reputation? |  |  |
| 6 | Have you lost a job or a business because of drinking or drug use? |  |  |
| 7 | Do you drink or use drugs to escape your problems? |  |  |
| 8 | Do you drink or use drugs when you are alone? |  |  |
| 9 | Do you have blackouts? (Loss of memory for events that happened or of actions you performed while drinking or drug use?) |  |  |
| 10 | Do you feel remorse after drinking or using drugs? |  |  |
| 11 | Do you need a drink or use drugs at a definite time every day? |  |  |
| 12 | Do you drink or use drugs in the morning? |  |  |
| 13 | Have you ever been in a hospital because of drinking or using drugs? |  |  |
| 14 | Has a doctor ever treated you for your drinking or using drugs? |  |  |
| 15 | Do you drink or use too many drugs at the wrong time? |  |  |
| 16 | Do you make promises to yourself or others about your drinking or drug use? |  |  |
| 17 | Do you have to keep on drinking or using drugs once you have started? |  |  |
| 18 | Is drinking or using drugs making it hard for you to sleep? |  |  |
| 19 | Have you had an accident because of drinking or drug use? |  |  |
| 20 | Do you drink or use drugs to relieve the painfulness of living? |  |  |
| 21 | Do you have trouble disposing of cans or bottles? |  |  |
| 22 | Are you less particular about people you are with and the places you go when you are drinking or using drugs? |  |  |
| 23 | Have you been arrested more than once for drunk driving or under the influence? |  |  |
| 24 | Has drinking or using drugs affected your health? |  |  |

**One “YES” answer:**

BE AWARE. You may have or you may develop a problem with alcohol or other drugs.

**Two or more “YES” answers:**

Indicates you have problems with alcohol and/or drugs and should seek help immediately.