

**Form No: 01-3-841 ALCOHOL DEPENDENCE QUESTIONNAIRE
SERVICE USER BASELINE ASSESSMENT**

The following questions are designed to help identify how much a problem alcohol presents to the potential service user. Answering "Yes" to 3 or more questions indicates a present or potential alcohol addiction problem.

B: PERSONAL ALCOHOL QUESTIONNAIRE (continued)			
Indicator Question		Yes	No
24	Is your drinking affecting your sexual relationships?		
25	Is your drinking affecting your appetite?		
26	Is your drinking affecting your sleep patterns?		
27	Do you think that it's impossible for you to live without alcohol?		
28	Have you ever tried to stop or control your drinking by giving up for a day / week at a time?		
29	Do you think a lot about drinking?		
30	Have you ever had irrational or indefinable fears?		
31	Have you ever questioned your own sanity?		
32	Have you ever thought that you wouldn't fit in or enjoy yourself without alcohol?		
33	Have you ever drunk alcohol that you didn't really like or prefer simply for the effect?		
34	Have you ever used alcohol to try and counteract emotional pain or stress?		
35	Have you ever experienced a "blackout"; for example, you completely forget what happened the night before?		
36	Do you continue to use alcohol in spite of negative consequences?		
37	Has anybody ever annoyed you by suggesting that you should cut down on your alcohol intake?		
38	Is your personal hygiene or grooming suffering as a result of your drinking?		
39	Do you hide your alcohol supply away from other people?		
40	Have you ever hidden your alcohol supply so carefully that you can't remember where you put it?		

C: DECLARED ALCOHOL CONSUMPTION				
Daily Alcohol Intake Baseline: Bottle of spirits = 750 ml; Bottle of wine = 750 ml @ 10%; Beer = 600 ml @ 5%	Never	Sometimes	Quite often	Almost always
Quarter bottle of spirits OR one bottle of wine OR 3 pints of beer				
Half bottle of spirits OR 2 bottles of wine OR 6 pints of beer				
One bottle of spirits OR 4 bottles of wine OR 12 pints of beer				
2 bottles of spirits OR 8 bottles of wine OR 24 pints of beer				

D: SUMMARY
Signature: _____ Date: _____