

## Alcohol use questionnaire

<b>In the past year, have you:</b>		
	YES	NO
Had times when you ended up drinking more, or longer than you intended?		
More than once wanted to cut down or stop drinking, or tried to, but couldn't?		
Spent a lot of time drinking or recovering from hangovers?		
Wanted a drink so badly you couldn't think of anything else?		
Found that drinking—or being sick from drinking—often interfered with taking care of your home or family? Or caused job troubles? Or school problems?		
Continued to drink even though it was causing trouble with your family or friends?		
Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?		
More than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)?		
Continued to drink even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?		
Had to drink much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before?		
Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, or a seizure? Or sensed things that were not there?		