

## Do You or Someone You Know Have a Drinking or Drug Problem?

Please circle YES or NO to the following questions:

1. yes	no	Have you had problems at work or school due to use?
2. yes	no	Is your use making your home life unhappy?
3. yes	no	Do you use to help you feel comfortable in social settings?
4. yes	no	Have you spent money on alcohol or other drugs that was supposed to be used for other things?
5. yes	no	Are you spending time with people you don't really care for just because they have access to what you use and/or because they won't judge you when you are using?
6. yes	no	Has your use led you to take more risks?
7. yes	no	Do you get cravings for alcohol or other drugs?
8. yes	no	Has your drinking or drug use led you to do things you are ashamed of?
9. yes	no	Have you ever drank or used drugs in the morning?
10. yes	no	Have you been involved in verbal or physical fights when you are under the influence of alcohol or other drugs?
11. yes	no	Do you ever drink or use other drugs in order to escape issues you may be concerned about?
12. yes	no	Is it hard to imagine living your life without alcohol or other drugs?
13. yes	no	Have you ever thought you should cut back on your alcohol or drug use?
14. yes	no	Has anyone ever criticized your drinking or drug use?
15. yes	no	Have you ever been arrested for an alcohol or drug-related incident?
16. yes	no	Have you ever had trouble remembering what happened after a night of drinking or drug use?
17. yes	no	Have you ever had a health problem as a result of your drinking or drug use?
18. yes	no	Have you ever lied about your drinking or drug use?
19. yes	no	Have you lost interest in activities that you used to find enjoyable?
20. yes	no	Do you feel like your life isn't going the way you had hoped?

If you answered 'Yes' to three or more of these questions, it may be time to speak to someone about your drinking and/or drug use.