

TWENTY QUESTIONS LIST

ARE YOU AN ALCOHOLIC/CHEMICALLY DEPENDENT PERSON?

Ask yourself the following questions and answer them as honestly as you can.

	<u>Yes</u>	<u>No</u>
1. Do you lose time from work due to drinking/using?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is drinking/using making your home life unhappy?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you drink/use because you are shy with other people?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is drinking/using affecting your reputation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever felt remorse after drinking/using?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you gotten into financial difficulties as a result of drinking/using?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you turn to lower companions and an inferior environment when drinking/using?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your drinking/using make you careless of your family's welfare?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has your ambition decreased since drinking/using?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you crave a drink/drug at a definite time daily?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you want a drink/drug the next morning?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does drinking/using cause you to have difficulty in sleeping?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has your efficiency decreased since drinking/using?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is drinking/using jeopardizing your job or business?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you drink/use to escape from worries or troubles?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you drink/use alone?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had a complete loss of memory as a result of drinking/using? (<i>a blackout</i>)	<input type="checkbox"/>	<input type="checkbox"/>
18. Has your physician ever treated you for drinking/using?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you drink/use to build up your self-confidence?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever been to a hospital or institution because of your drinking/using?	<input type="checkbox"/>	<input type="checkbox"/>
