

DRUG AND ALCOHOL SELF EVALUATION

Yes	No	
___	___	1. Have you ever had to see your doctor as a result of your drinking or drug use?
___	___	2. Is your drinking or drug use affecting your home-life?
___	___	3. Have you ever been committed to a hospital or institution as a result of your drug abuse or drinking?
___	___	4. Do you feel like you have more self-esteem when you are intoxicated?
___	___	5. Is your drinking or drug abuse affecting your employment or business?
___	___	6. Has your efficiency decreased since you began drinking or abusing drugs?
___	___	7. Do you find you have a craving for a drink or your drug of choice at certain definite times of the day?
___	___	8. Does your drinking or drug abuse make you careless of your family's well-being?
___	___	9. Have you lost time from work due to your drinking or drug abuse?
___	___	10. Are you shy when you are not drunk or high?
___	___	11. Has your drinking or drug abuse affected your reputation with your family, friends and business affairs?
___	___	12. Do you drink or use drugs to escape your troubles?
___	___	13. Do you ever drink or use drugs alone?
___	___	14. Have you ever felt bad about actions you took after drinking or using drugs?
___	___	15. Have you ever "blacked out" or had a loss of memory as a result of your drinking or drug abuse?
___	___	16. Have you ever had problems sleeping as a result of your drinking or drug abuse?
___	___	17. Do you ever feel like you need a drink or drug the next morning?
___	___	18. Do you find yourself associating with seedy people and hanging out in dangerous or inferior environments since you began drinking or using drugs?
___	___	19. Is your drinking or drug use affecting your financial situation?
___	___	20. Do you find you have less ambition when you are drinking or using drugs?

If you answer "yes" to 2 or more of the above questions, consider having a professional assessment. Contact The Family Counseling Center for Recovery for an appointment today.