

LIFE WAY

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Alcohol Checklist

Please answer yes or no:

Yes No

- _____ _____ 1. When I have troubles or feel stressed I drink more than usual.
- _____ _____ 2. I can handle more alcohol now than when I first started drinking.
- _____ _____ 3. I sometimes cannot remember part of the prior evening, even though I did not pass out.
- _____ _____ 4. I feel guilty about my drinking.
- _____ _____ 5. I become irritated when family or friends discuss my drinking.
- _____ _____ 6. When sober, I regret things that I have done or said while drinking.
- _____ _____ 7. I fail to keep promises of cutting down or controlling my drinking.
- _____ _____ 8. I have tried to avoid family or close friends while I am drinking.
- _____ _____ 9. I have an increasing number of financial and work problems.
- _____ _____ 10. I have driven a vehicle while under the influence of alcohol.

If you have answered yes to three or more of the questions, you may have a drinking problem.