



WELLNESS WORKSHEET 5 I

Is Alcohol a Problem in Your Life?

Part I. Do You Have a Problem with Alcohol?

To determine if you may have a drinking problem, complete the following two screening tests.

A. CAGE Screening Test

Answer yes or no to the following questions:

Have you ever felt you should Cut down on your drinking?

Have people Annoyed you by criticizing your drinking?

Have you ever felt bad or Guilty about your drinking?

Have you ever had an Eye-opener (a drink first thing in the morning to steady your nerves or get rid of a hangover)?

One “yes” response suggests a possible alcohol problem. If you answered yes to more than one question, it is highly likely that a problem exists. In either case, it is important that you see your physician or other health care provider right away to discuss your responses to these questions.

B. AUDIT Screening Test

For each question, choose the answer that best describes your behavior. Then total your scores.

Questions	Points					Your Score
	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2–4 times a month	2–3 times a week	4 or more times a week	_____
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	_____
3. How often do you have 6 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	_____
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	_____
5. How often during the last year have you failed to do what was normally expected because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	_____
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	_____
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	_____
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	_____
9. Have you or has someone else been injured as a result of your drinking?	No	Yes, but not in the last year (2 points)		Yes, during the last year (4 points)		_____
10. Has a relative, friend, doctor, or other health worker been concerned about your drinking or suggested you cut down?	No	Yes, but not in the last year (2 points)		Yes, during the last year (4 points)		_____

Total _____

A total score of 8 or more indicates a strong likelihood of hazardous or harmful alcohol consumption.

Even if you answered no to all four items in the CAGE screening test and scored below 8 on the AUDIT screening test, if you are encountering drinking-related problems with your academic performance, job, relationships, or health, or with the law, you should consider seeking help.

(over)

Part II. Are You Troubled by Someone Else's Drinking?

Millions of people are affected by the excessive drinking of someone close to them. The following checklist was created by Al-Anon to help people determine whether they are adversely affected by someone else's drinking. Check any statement that is true for you.

- _____ 1. Do you worry about how much someone else drinks?
- _____ 2. Do you have money problems because of someone else's drinking?
- _____ 3. Do you tell lies to cover up for someone else's drinking?
- _____ 4. Do you feel that if the drinker loved you, he or she would stop drinking to please you?
- _____ 5. Do you blame the drinker's behavior on his or her companions?
- _____ 6. Are plans frequently upset or canceled or meals delayed because of the drinker?
- _____ 7. Do you make threats, such as, "If you don't stop drinking, I'll leave you"?
- _____ 8. Do you secretly try to smell the drinker's breath?
- _____ 9. Are you afraid to upset someone for fear it will set off a drinking bout?
- _____ 10. Have you been hurt or embarrassed by a drinker's behavior?
- _____ 11. Are holidays and gatherings spoiled because of drinking?
- _____ 12. Have you considered calling the police for help in fear of abuse?
- _____ 13. Do you search for hidden alcohol?
- _____ 14. Do you often ride in a car with a driver who has been drinking?
- _____ 15. Have you refused social invitations out of fear or anxiety?
- _____ 16. Do you feel like a failure because you can't control the drinker?
- _____ 17. Do you think that if the drinker stopped drinking, your other problems would be solved?
- _____ 18. Do you ever threaten to hurt yourself to scare the drinker?
- _____ 19. Do you feel angry, confused, or depressed most of the time?
- _____ 20. Do you feel there is no one who understands your problems?

If you answered yes to three or more of these questions, Al-Anon or Alateen may be able to help: Al-Anon Family Group Headquarters, Inc., 1600 Corporate Landing Parkway, Virginia Beach, VA 23454-5617; 800-344-2666; <http://www.al-anon.alateen.org>.