

4. How well are you doing in the following areas of your life?

	no problem	mild problem	moderate problem	serious problem	cannot function
Relationship with mate					
Other family relationships					
Relationships outside family					
On the job					
Current physical health					
General happiness and well-being					

5. Current Alcohol use:

never Less than once/month 1-4 times/mo 2-3 times/week Daily

Current usual alcohol consumption:

none 1-2 drinks per time 3-4 drinks per time 5 or more drinks per time

Current intoxication frequency:

never Less than once/month 1-4 times/mo 2-3 times/week Daily

Self Perception about current alcohol use:

occasional or social problem use Psychological dependence
 addicted- can't stop don't want to stop motivated to stop

Has your alcohol use changed in the past 6 months? yes no

Have you ever had an "alcohol problem"? yes no

6. Substances used in the past 6 months:

none _____

caffeine: How much? _____

tobacco: How much? _____

Over-the-counter medications: Please list: _____

Prescription medications: Please list any not shown on reverse _____

Marijuana Methamphetamine Cocaine Opiates Other

Have you ever had a "drug problem"? yes no

7. Family History: Please list any relatives who have experienced any of the following: _____

Alcohol or drug problem _____

Suicide attempt _____

Other psychiatric disturbance _____