

Are you an alcoholic?

The test was prepared by John Hopkins University Hospital for use in determining whether or not a person is suffering from alcoholism. Ask yourself the following questions, and answer them as HONESTLY as possible.

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

If you have answered YES to any **one** of the questions, there is a definite warning you MAY be an alcoholic.

If you have answered YES to any **two**, CHANCES ARE that you are an alcoholic.

If you have answered YES to **three or more**, YOU ARE DEFINITELY AN ALCOHOLIC.

If you think you need help, call . . .

Alcoholics Anonymous
0861 (HELP AA)
4 3 5 7 2 2

www.aanonymous.org.za