

## **Do you know your alcoholism status?**

**Simply answer the questions below as honestly as possible.**

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

**If you have answered YES to any 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,**

***(This test was prepared by John Hopkins University Hospital, USA.)***