

## AM I AN ALCOHOLIC OR ADDICT?

The list of questions, which follows, has helped a lot of people find where they stood with booze, and drugs. But remember, you are the only one who can say if you have a problem or not. Even if you've been told you do, the important thing is that you decide for yourself. All we ask is that you try to be honest.

YES NO

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Did I lose time from work due to drinking or using?
<input type="checkbox"/>	<input type="checkbox"/>	2. Did drinking or using make my home life unhappy?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did I drink or use because I am shy with people?
<input type="checkbox"/>	<input type="checkbox"/>	4. Has drinking or using affected my reputation?
<input type="checkbox"/>	<input type="checkbox"/>	5. Have I gotten into trouble with money because of my drinking or using?
<input type="checkbox"/>	<input type="checkbox"/>	6. Did I associate with people I didn't respect, and hang out in places I didn't want to be in when drinking or using?
<input type="checkbox"/>	<input type="checkbox"/>	7. Did my drinking or using make me careless of my family's welfare?
<input type="checkbox"/>	<input type="checkbox"/>	8. Has my drinking or using decreased my ambition?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did I want a drink or "bump" "the morning after?"
<input type="checkbox"/>	<input type="checkbox"/>	10. Did I have a hard time sleeping because of my drinking or using?
<input type="checkbox"/>	<input type="checkbox"/>	11. Has my ability to work decreased since drinking or using?
<input type="checkbox"/>	<input type="checkbox"/>	12. Did drinking or using get me into trouble on the job or in business?
<input type="checkbox"/>	<input type="checkbox"/>	13. Did I drink or use to escape from problems or worries?
<input type="checkbox"/>	<input type="checkbox"/>	14. Did you drink or use alone?
<input type="checkbox"/>	<input type="checkbox"/>	15. Have I ever had a complete loss of memory as a result of drinking or using?
<input type="checkbox"/>	<input type="checkbox"/>	16. Has a doctor ever treated me for, or due to drinking or using?
<input type="checkbox"/>	<input type="checkbox"/>	17. Did I drink or use to build up self-confidence?
<input type="checkbox"/>	<input type="checkbox"/>	18. Have I ever been arrested, locked up or hospitalized on account of my drinking or using?
<input type="checkbox"/>	<input type="checkbox"/>	19. Have I ever felt guilty after drinking or using?
<input type="checkbox"/>	<input type="checkbox"/>	20. Did I have to have a drink, or "bump" at a certain time each day?

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*If you answered "yes" to three or more questions, you may be an alcoholic or addict. But remember, we survivors follow our programs voluntarily. No one forces us to admit we are alcoholics or addicts. No one forces us to stay clean and sober in our 12 step programs. We do it because we like what our 12 step programs have to offer. If you want what we have and you're sick and tired of being sick and tired we can help.*