

Substance Use / Addiction Appraisal

	Yes	No
1. Have you ever felt you should cut down on your drinking?	☐	☐
2. Have people annoyed you by criticizing your drinking?	☐	☐
3. Have you ever felt bad or guilty about your drinking?	☐	☐
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?	☐	☐

Scoring

If you checked "yes" to one or more of the items in the appraisal there is a possibility that you are having some problems with your alcohol use and should consider getting an evaluation.

If you didn't check "yes" to any of the questions in the appraisal, it would appear that you don't think you have a problem with alcohol use. If you begin to feel you might have an issue with your use of alcohol, take this appraisal again.

Please note: This appraisal is not intended to provide you with a diagnosis. A diagnosis for this condition may be made only after being evaluated by a behavioral health provider. Consider contacting a behavioral health provider if your answers to the appraisal indicate the possibility that you have a problem with alcohol, or if you have questions or concerns related to alcohol abuse and dependence.