Does Someone You Know Have a Drinking or Drug Program?

Over 35 million Americans are close to someone who has a problem with alcohol and/or other drugs. If you are wondering if you are one of those 35 million who are affected by another’s use; answer this questionnaire. Answer each question either YES or NO.

1._____ Do you ever worry about how much they drink or use?
2._____ Do you complain about how often they drink or use?
3._____ Do you criticize them for the amount they spend on alcohol/drugs?
4._____ Have you been hurt or embarrassed by their drinking/using behavior?
5._____ Are holidays in your home unpleasant because of their drinking/using?
6._____ Do they ever lie about their drinking or using?
7._____ Do they deny that drinking or using affects their behavior?
8._____ Do they say and do things and later deny that they said or did them?
9._____ Do you sometimes feel that drugs/alcohol are more important to them than you are?
10.____ Do they get angry if you criticize their drinking/using or their drinking/using buddies?
11.____ Are alcohol or drugs involved in almost all of their social activities?
12.____ Does your family spend almost as much money on alcohol/drugs as it does on food?
13.____ Are you having financial difficulties because of their drinking/using?
14.____ Does their drinking/using keep them away from home a great deal?
15.____ Have you ever threatened to leave them because of their drinking/using?
16.____ Have you ever lied for them because of their drinking or using?
17.____ Do you find yourself urging them to eat instead of drink at parties?
18.____ Have they ever stopped drinking/using completely for a period of time and then resumed drinking/using?
19.____ Have you ever contemplated calling the police or 911 because of their drinking or using behavior?
20.____ Do you think that drinking or using is a problem for them?

If you answered YES to 2 to 3 questions then there MAY be a problem. If you answered YES to more than 4 or 5 questions, you probably have an alcoholic or addict in your life. GET HELP for them AND most importantly, get help for you.
Are You an Alcoholic or an Addict?

YES OR NO

1. ___ Do you ever drink or use alone?
2. ___ Have you ever substituted one drug for another, thinking that one drug was THE problem?
3. ___ Have you ever manipulated a doctor or lied to obtain a prescription?
4. ___ Have you ever stolen drugs or stolen to obtain drugs or alcohol?
5. ___ Do you regularly use a drug or drink alcohol when you wake up or when you go to bed?
6. ___ Have you ever taken one drug to overcome the effects of another drug?
7. ___ Do you ever avoid people or places because they do not approve of your use of drugs or of your drinking?
8. ___ Have you ever used a drug without knowing what it was or what it would do to you?
9. ___ Has your job or school performance ever suffered from the effects of your drug use or your use of alcohol?
10. ___ Have you ever been arrested as a result of using or drinking?
11. ___ Have you ever lied about What or How Much you drink or use?
12. ___ Do you put the purchase of drugs an/or alcohol above your other financial responsibilities?
13. ___ Have you ever tried to stop or control your drinking or drug use?
14. ___ Have you ever been in jail, a hospital, or a mental institution because of your drug usage or your drinking?
15. ___ Does your using or drinking interfere with your eating or sleeping?
16. ___ Does the thought of running out of drugs or alcohol terrify you?
17. ___ Do you ever question your own sanity?
18. ___ Does it feel impossible to live without drugs or alcohol in your life?
19. ___ Is your drinking or use of drugs causing problems at home?
20. ___ Do you ever feel that you can’t fit in or have a good time without using drugs or getting high?
21. ___ Have you ever felt guilty, ashamed or defensive about your drinking or your use of drugs?
22. ___ Do you think about drugs or drinking a lot?
23. ___ Have you had irrational or indefinable fears?
24. ___ Has your drinking or using affected your sexual relationships?
25. ___ Have you ever taken drugs you didn’t prefer?
26. ___ Have you ever drank or used drugs because of emotional pain or stress?
27. ___ Have you ever overdosed on drugs or had blackouts (memory loss) on alcohol?
28. ___ Do you continue to drink or use drugs despite negative consequences?
29. ___ Does someone in your life think you have a problem with drugs/alcohol?
30. ___ Do you think you MIGHT have a problem with drugs or alcohol?

If you answer more than a few of these questions with a YES, there is a definite possibility that drugs or alcohol are a problem for you. You are the only one that can make the decision to get help. Do it for you.