

Patient Name: _____

Date: _____

1. Do you lose time from work/school due to drinking/using? YES NO
2. Is drinking making your home life unhappy? YES NO
3. Do you drink because you are shy with other people? YES NO
4. Is drinking affecting your reputation? YES NO
5. Have you ever felt for Morse after drinking? YES NO
6. Have you gotten into financial difficulties because a results of drinking? YES NO
7. Do you turn to lower companions and an inferior environment when drinking? YES NO
8. Does your drinking make you careless of your family's welfare? YES NO
9. Has your ambition decreased since drinking? YES NO
10. Do you create a drink at a definite time daily? YES NO
11. Do you want a drink the next morning? YES NO
12. Does your drinking cause difficulty with your sleep? YES NO
13. Has your efficiency decreased since drinking? YES NO
14. Is drinking jeopardizing your job or business? YES NO
15. Do you drink to escape from troubles and worries? YES NO
16. Do you drink alone? YES NO
17. Have you ever had a complete loss of memory as a result of drinking? YES NO
18. Has your physician ever treated you for drinking? YES NO
19. Do you drink to build up your self-confidence? YES NO

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20. Have you ever been to a hospital or institution as a result of drinking? YES NO

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

If you have answered **YES** to **any two**, the chances are that **you are an alcoholic**.

If you have answered **YES** to **three or more**, **you are definitely an alcoholic**.

The above test questions are used by Johns Hopkins University Hospital, Baltimore, Maryland, in deciding whether or not a patient is alcoholic.