

# Alcohol Addiction- Self Assessment

Questions	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	≥ 4 times a week
How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year did you find that you were not able to stop drinking once you started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year did you fail to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you needed a first drink in the morning to get yourself going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year were you unable to remember what happened the night before?	Never	Less than monthly	Monthly		Daily or almost daily
Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
Has a relative, friend or doctor been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

Total Score: \_\_\_\_\_

1-7: low-risk consumption, 8-14: harmful alcohol consumption, ≥15: alcohol dependence (moderate-severe alcohol use disorder).