

Chemical Dependency Checklist

Check the statements that apply to you.

- _____1. Have you ever decided to stop drinking and/or using for a week or so, but only lasted for a couple of days?
- _____2. Do you wish people would mind their own business about your drinking and/or using—stop telling you what to do?
- _____3. Have you ever switched from one kind of drink or drug to another in the hope that this would keep you from losing control?
- _____4. Have you had to have an “eye-opener” upon awakening during the past year? Do you need a drink or drug to get started, or stop shaking?
- _____5. Do you envy people who can drink or use drugs without getting into trouble?
- _____6. Have you had a problem connected with drinking or using during the past year?
- _____7. Has your drinking or using caused trouble at home? Is it harming or worrying the whole family?
- _____8. Do you ever try to get “extra” drinks or drugs at a party because you did not get enough?
- _____9. Do you tell yourself you can stop drinking or using any time you want to, even though you keep getting inebriated when you don’t want to?
- _____10. Have you missed days of work or school because of drinking or using?
- _____11. Do you have “blackouts” or suffer memory loss after drinking or using?
- _____12. Have you ever felt that your life would be better if you did not drink or use?
- _____13. Do you like to drink or use alone?
- _____14. Do you need a drink or use at a definite time of the day?
- _____15. Do you lie about, cover up or make excuses about drinking or using?
- _____16. Has drinking or using caused you to lose interest in friends or activities you used to enjoy?
- _____17. Do you drink or use to relieve stress, fear, shyness or insecurity?
- _____18. Do you become more moody, jealous or irritable when drinking or using?

What is your score?

Did you check two (2) or more statements? If so, you may have a problem with alcohol or drugs.