## Am I Alcoholic?

## Are you wondering if you have an addiction to alcohol?

Are you concerned about the role alcohol plays in your life? With 26 questions, this simple self-test is intended to help you determine if you or someone you know needs to find out more about alcoholism.

**Please Note:** This test specifically does *not* include drug use. To take a self-test focused specifically on drug use, please click on Am I Drug Addicted?

**Directions:** The following questions are a self-test to help your review the role that alcohol plays in your life. Remember that the questions <u>do not include other drugs</u> taken for medical and non-medical uses.

Carefully read each statement. When preparing each response, take into consideration your actions over the course of the past 12 months.

Yes or No: Decide whether your answer is YES or NO and then check the appropriate space. Please be sure to answer every question.

## NCADD Self-Test: What are the Signs of Alcoholism?

	Do you drink heavily when you are disappointed, under pressure or have had a quarrel h someone?	0	Yes	0	No
2.	Can you handle more alcohol now than when you first started to drink?	0	Yes	О	No
	Have you ever been unable to remember part of the previous evening, even though ar friends say you didn't pass out?	0	Yes	0	No
	When drinking with other people, do you try to have a few extra drinks when others n't know about it?	0	Yes	0	No
5.	Do you sometimes feel uncomfortable if alcohol is not available?	0	Yes	0	No
6.	Are you more in a hurry to get your first drink of the day than you used to be?	0	Yes	$\circ$	No
7.	Do you sometimes feel a little guilty about your drinking?	0	Yes	$\circ$	No
8.	Has a family member or close friend express concern or complained about your drinking?	0	Yes	$\circ$	No
9.	Have you been having more memory "blackouts" recently?	0	Yes	$\circ$	No
10.	Do you often want to continue drinking after your friends say they've had enough?	0	Yes	$\circ$	No
11.	Do you usually have a reason for the occasions when you drink heavily?	0	Yes	$\circ$	No
12.	When you're sober, do you sometimes regret things you did or said while drinking?	0	Yes	0	No
	Have you tried switching brands or drinks, or following different plans to control your nking?	0	Yes	0	No
	Have you sometimes failed to keep promises you made to yourself about controlling or ing down on your drinking?	0	Yes	0	No
15. of a	Have you ever had a DWI (driving while intoxicated) or DUI (driving under the influence llcohol) violation, or any other legal problem related to your drinking?	0	Yes	0	No
16.	Do you try to avoid family or close friends while you are drinking?	0	Yes	О	No
	Are you having more financial, work, school, and/or family problems as a result of ar drinking?	0	Yes	0	No
18.	Has your physician ever advised you to cut down on your drinking?	0	Yes	0	No
19.	Do you eat very little or irregularly during the periods when you are drinking?	0	Yes	$\circ$	No

20. Do you sometimes have the "shakes" in the morning and find that it helps to have a "little" drink, tranquilizer or medication of some kind?	0	Yes	0	No
21. Have you recently noticed that you can't drink as much as you used to?	0	Yes	0	No
22. Do you sometimes stay drunk for several days at a time?	0	Yes	0	No
23. After periods of drinking do you sometimes see or hear things that aren't there?	0	Yes	$\circ$	No
24. Have you ever gone to anyone for help about your drinking?	0	Yes	$\circ$	No
25. Do you ever feel depressed or anxious before, during or after periods of heavy drinking?	0	Yes	$\circ$	No
26. Have any of your blood relatives ever had a problem with alcohol?	$\circ$	Yes	$\circ$	No

## **Understanding Your Score:**

A "no" is scored 0, and a "yes" is scored 1. The score above reflects the total number of questions that were answered "yes". A score of 2 or more indicates that you may be at greater risk for alcoholism.

If you answered "yes" to between 2 and 8 questions, you should consider arranging a personal meeting with a professional who has experience in the evaluation of alcohol problems. You should consider contacting the NCADD affiliate office nearest to you. A representative will be happy to assist you in the scheduling of a professional evaluation.

If you answered "yes" to more than 8 questions, you may have a serious level of alcohol-related problems requiring immediate attention and possible treatment. You should seek professional guidance. You should consider contacting the NCADD affiliate office nearest to you. A representative will be happy to assist you in the scheduling of a professional evaluation.

To learn more or to seek immediate help, click on Find an NCADD Affiliate to locate the NCADD organization nearest to you.

<u>Disclaimer</u>: Although these questions incorporate many of the common symptoms of alcoholism, the NCADD Self-Test is intended to be used for educational purposes only and should not be understood to constitute a diagnosis of alcoholism.

https://www.ncadd.org/