

# Alcohol Assessment

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** This confidential and non-judgmental assessment aims to understand your alcohol consumption habits and potential consequences. Please answer the following questions honestly and to the best of your ability. Your responses will help identify any alcohol use disorder and guide appropriate treatment or support, if needed.

## Frequency of Alcohol Consumption:

- Daily
- Several times a week
- Once a week
- Occasionally (a few times a month)
- Rarely (once a month or less)
- Never

## Average Number of Standard Alcoholic Drinks in a Typical Drinking Day:

- 1-2 drinks
- 3-4 drinks
- 5-6 drinks
- 7-9 drinks
- 10 or more drinks

## Negative Consequences:

Have you experienced any negative consequences as a result of your drinking? (Select all that apply)

- Physical health issues (e.g., liver problems, blackouts)
- Relationship problems (e.g., conflicts with family or friends)
- Work or academic difficulties (e.g., absenteeism, poor performance)
- Legal issues (e.g., DUI, public intoxication)
- Emotional or psychological effects (e.g., anxiety, depression)
- Financial problems (e.g., spending money on alcohol)

## Family History:

Is there a history of alcohol use disorders in your family?

- Yes
- No
- Not sure

## Court-Ordered Assessment:

Have you ever been ordered by a court to undergo an alcohol assessment?

- Yes
- No

## Purpose of Assessment:

Are you seeking this assessment for personal reasons or as part of a workplace wellness program?

- Personal reasons
- Workplace wellness program

## Age of First Alcohol Use:

- Under 18 years old
- 18-20 years old
- 21-25 years old
- 26-30 years old
- 31 years old or older

## Reasons for Drinking:

What are the primary reasons you consume alcohol? (Select all that apply)

- Socializing with friends or family
- Coping with stress or emotions
- Celebrating special occasions
- Boredom or habit
- Curiosity

### **Drinking Alone:**

How often do you drink alcohol alone?

- Never
- Rarely
- Sometimes
- Often
- Always

### **Attempts to Cut Down:**

Have you tried to cut down on your alcohol consumption in the past year?

- Yes
- No

### **Previous Treatment:**

Have you ever sought treatment or counseling for alcohol-related issues?

- Yes
- No

### **Support System:**

Do you have a support system (e.g., family, friends, support groups) to help you cope with alcohol-related challenges?

- Yes
- No

### **Impact on Daily Life:**

How much do you feel that your alcohol use affects your daily life, responsibilities, and relationships?

- Not at all
- Slightly
- Moderately
- Significantly
- Severe impact

**Readiness for Change:**

On a scale of 1 to 10 (1 being not ready, 10 being fully ready), how motivated are you to change your alcohol consumption habits?

**Mental Health History:**

Do you have any current or past mental health conditions? If yes, please specify.