

Alcohol Dependence Checklist

1. Has a friend or relative ever told you that you drink too much alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Is it hard for you to stop drinking alcohol after you have had one or two drinks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you ever been unable to remember what you did while you were drinking alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you ever feel bad about how much alcohol you drink?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you ever get into arguments or physical fights when you have been drinking alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Have you ever been arrested or hospitalized because of your drinking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Have you ever thought about getting help to control or stop your drinking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Have you ever felt like you needed a drink of alcohol first thing in the morning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Do you ever drink alcohol in secret or drink alone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

*If you answered yes to one or more of these questions, you should talk to a support provider or to your doctor or nurse about whether or not you may have a dependence on alcohol.