

Alcohol Abuse and Alcoholism Test - Based on DSM Criteria

Have you experienced any the following negative consequences?	No (0)	Yes (1)
1. Do you sometimes have difficulty controlling how much you drink or for how long you drink alcohol?		
2. Have you made unsuccessful attempts to cut down your drinking?		
3. Do you sometimes spend a significant amount of time drinking or recovering from drinking?		
4. Has your alcohol use had any negative consequences at home, school, or work? (Have you ever lost time off work because of your drinking?)		
5. Has your alcohol use had any negative consequences to your relationships or social life? (Have you ever concealed how much you drink? Has anyone ever commented on your drinking?)		
6. Have you continued to use despite any negative consequences?		
7. Have you put off things or neglected to do things because of your alcohol use? (Have you ever disappointed your family or friends? Have you ever missed a family event?)		
8. Do you occasionally have strong cravings for alcohol?		
9. Has your tolerance for alcohol increased? Are you able to drink more than you did before?		
10. Have you experienced withdrawal symptoms the next day after drinking? (Have you ever been shaky or sweaty that evening or the next day?)		
11. Has your alcohol use led to any dangerous situations ? (Have you ever been charged with impaired driving?)		

Your Score:

2-3 = Mild alcohol abuse; 4-5 = Moderate alcohol abuse; 6 or more = Severe alcohol abuse. No single test is completely accurate. You should always consult your physician when making decisions about your health.

Reference

American Psychiatric Association, *DSM-5 The Diagnostic and Statistical Manual of Mental Disorders. 5 ed*, ed. D. Kupfer: American Psychiatric Association.

This document may be distributed without restrictions. Use with the guidance of a health professional.

Reference: "I Want to Change My Life" by Dr. S. Melemis. www.IWantToChangeMyLife.org