



Franconia Family Therapy Center

Self-Assessment

Please answer these questions as they relate to YOU.

	Yes	No
1. Do you drink/drug to reduce nervousness?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you require a drink/drug the morning after heavy drinking/drugging?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you prefer to drink/drug alone?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you lose time from work due to drinking/drugging?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your drinking/drugging cause conflicts at home?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your drinking/drugging make you careless of your family's welfare?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you crave a drink/drug at a definite time daily?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has drinking/drugging made you irritable?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has your chemical use changed your personality?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have difficulty sleeping as a result of your drinking/drugging?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has your use of chemicals made you more impulsive?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has your initiative decreased since you began to drink/drug?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has your ambition decreased since you began to drink/drug?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are decisions easier to make after a few drinks/drugs?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you drink/drug to obtain social ease?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you feel more secure when you are drinking or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you drink/drug to relieve feelings of inadequacy, fear or insecurity?	<input type="checkbox"/>	<input type="checkbox"/>
18. Has your jealousy increased since you started to drink/drug?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you become more moody since your drinking/drugging?	<input type="checkbox"/>	<input type="checkbox"/>
20. Has your efficiency decreased since you began your chemical use?	<input type="checkbox"/>	<input type="checkbox"/>
21. Are you harder to get along with since your drinking/drugging?	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you turn to an inferior environment when you drink/drug?	<input type="checkbox"/>	<input type="checkbox"/>
23. Is your chemical use endangering your health?	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you always drink more than two (2) drinks?	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you ever suffer from self-disgust from your drinking/drugging?	<input type="checkbox"/>	<input type="checkbox"/>