

## **Alcohol Awareness Questionnaire: Is Alcohol Impacting Your Life?**

**Instructions:** Answer each question honestly. The purpose of this questionnaire is to help you reflect on your relationship with alcohol and whether it may be affecting your health, work, or personal life.

**1. How often do you consume alcohol in a typical week?**

- ☐ a) I don't drink.
- ☐ b) 1-2 times a week.
- ☐ c) 3-4 times a week.
- ☐ d) Almost every day.

**2. When you feel stressed, anxious, or overwhelmed, how likely are you to reach for a drink?**

- ☐ a) I never use alcohol to cope with stress.
- ☐ b) Occasionally, I drink to relax.
- ☐ c) I often drink when I feel stressed or anxious.
- ☐ d) I rely on alcohol regularly to manage stress.

**3. Do you ever feel guilty or ashamed about your drinking habits?**

- ☐ a) Never.
- ☐ b) Rarely.
- ☐ c) Occasionally.
- ☐ d) Often.

**4. Have you tried to cut back on your drinking but found it difficult to do?**

- ☐ a) I've never felt the need to cut back.
- ☐ b) I've thought about it, but haven't tried.
- ☐ c) I've tried but struggled to reduce my intake.
- ☐ d) I've tried several times without success.

**5. Has alcohol ever affected your performance at work or your ability to manage professional responsibilities?**

- ☐ a) No, never.
- ☐ b) Occasionally, after a social event.
- ☐ c) Frequently, I feel less productive or focused after drinking.
- ☐ d) Alcohol has significantly impacted my work.

**6. Do you often drink more than you originally intended?**

- ☐ a) Never.
- ☐ b) Rarely.
- ☐ c) Occasionally.
- ☐ d) Frequently.

**7. Have friends, family, or colleagues expressed concern about your drinking?**

- ☐ a) No, never.
- ☐ b) Once or twice.
- ☐ c) A few times.
- ☐ d) Often.

**8. Do you find that your tolerance for alcohol has increased, meaning you need to drink more to feel its effects?**

- ☐ a) No, I still drink the same amount as I always have.
- ☐ b) A little, I've noticed I can handle more.
- ☐ c) Yes, I drink much more now than I used to.
- ☐ d) I need significantly more alcohol to get the same effect.

**9. Do you ever experience memory lapses or "blackouts" after drinking?**

- ☐ a) Never.
- ☐ b) Once or twice.
- ☐ c) Occasionally.
- ☐ d) Frequently.

**10. How often do you drink alone or in secret?**

- ☐ a) Never.
- ☐ b) Rarely, but I have.
- ☐ c) Occasionally, I prefer drinking alone.
- ☐ d) Frequently, I drink alone to relax or unwind.

**11. Have you noticed any negative physical or mental health effects linked to your alcohol consumption (e.g., poor sleep, anxiety, depression)?**

- ☐ a) No.
- ☐ b) Rarely.
- ☐ c) Occasionally.
- ☐ d) Frequently.

**12. Does alcohol ever interfere with your relationships (family, friends, or partner)?**

- ☐ a) No.
- ☐ b) Rarely.
- ☐ c) Occasionally, we've had conflicts about my drinking.
- ☐ d) Frequently, it causes tension or conflict.

**13. Do you feel like you are using alcohol to “escape” or numb difficult emotions?**

- ☐ a) Never.
- ☐ b) Rarely.
- ☐ c) Occasionally.
- ☐ d) Frequently.

**14. Have you experienced withdrawal symptoms (e.g., irritability, anxiety, sweating, trouble sleeping) when you haven't had a drink?**

- ☐ a) Never.
- ☐ b) Rarely.
- ☐ c) Occasionally.
- ☐ d) Frequently.

**15. Do you want to change your drinking habits but aren't sure how to start?**

- ☐ a) No, I don't need to change.
- ☐ b) I've thought about it but haven't acted.
- ☐ c) Yes, I want to but I don't know how.
- ☐ d) I'm actively looking for help or support.

**Scoring:**

- Mostly **a's**: Your relationship with alcohol seems balanced.
- Mostly **b's**: There may be areas where alcohol is starting to influence your life.
- Mostly **c's**: You may be developing an unhealthy relationship with alcohol.
- Mostly **d's**: It's likely that alcohol is significantly impacting your life. You may benefit from seeking professional support.