

Chemical Dependency Discovery Questionnaire

Do you see yourself in some of these questions?

1. Do you question whether or not you are a normal drinker or drug user?
2. Have you ever awakened in the morning after drinking/using the night before and found you could not remember a part of the evening?
3. Does any near relative or close friend ever worry or complain about your drinking/drug use?
4. Can you stop drinking or using without difficulty after you start?
5. Do you feel guilty about your drinking or drug use?
6. Have you ever gotten into physical fights when drinking or using drugs?
7. Are you having problems with family members/friends because of your drinking or drug use?
8. Has a family member or close friend gone to anyone for help about your drinking/drug use?
9. Have you ever lost a friend because of your drinking or drug use?
10. Have you ever gotten into trouble at work or school because of drinking or drug use?
11. Have you ever lost a job because of your drinking or drug use?
12. Have you ever neglected your obligations, your family, or your work for more than two days in a row because you were drinking/using drugs?
13. Do you drink or use drugs before noon fairly often?
14. Have you ever gone to anyone for help about your drinking or drug use?
15. Have you ever been hospitalized because of drinking or using drugs?
16. Have you ever been arrested because of your behavior while drinking or using drugs?

**For help please contact:
Turning Point of Tampa 800-397-3006
www.RehabisforQuitters.com**