

Name _____ Age _____ Gender M ___ F ___ (check one)

PERSONAL ALCOHOL PROFILE

For each of the following questions, mark an "X" in the appropriate column. Please answer each question for the past 6 month period only.

YES NO DURING THE PAST 6 MONTHS, HAVE YOU:

- () () 1. Felt guilty about your drinking?
- () () 2. Cut a class or missed work after having several drinks?
- () () 3. Heard anyone close to you complain about your drinking or suggest that you cut down on your drinking?
- () () 4. Gotten high on alcohol before going out on a date?
- () () 5. Passed out while drinking on a date or out with friends?
- () () 6. Gotten into conflicts with your friends or acquaintances after drinking?
- () () 7. Drank and stayed home instead of going out to be with others?
- () () 8. Lied to friends about your drinking?
- () () 9. Acted more quarrelsome or angry after drinking?
- () () 10. Had a difficult time being with friends without drinking?
- () () 11. Had bad abdominal pain the morning after drinking?
- () () 12. Found that you could not remember what you did the night before when you were drinking?
- () () 13. Missed morning classes or went to work late because of drinking?
- () () 14. Drank when you felt lonely or depressed?
- () () 15. Become more depressed when drinking?
- () () 16. Drank after blowing an exam or after other disappointments?
- () () 17. Been scared because of your reaction to alcohol?
- () () 18. Run out of money because you spent too much on alcohol?
- () () 19. Gotten into trouble with police or campus officials because of your behavior after drinking?

- () () 20. Spent more money on alcohol than you think you should have?
- () () 21. Damaged personal or school property after drinking?
- () () 22. Driven a car after you know you have had too much to drink?
- () () 23. Usually gulped the first two or three drinks?
- () () 24. Chosen not to attend a social activity because there would be no alcohol?
- () () 25. Increased the amount of alcohol that you use?
- () () 26. Found that you are using more and enjoying it less?
- () () 27. Drank in order to forget or feel better about problems?
- () () 28. Thought that you might have a drinking problem?
- () () 29. Engaged in sex after drinking that you were later sorry for or embarrassed about?
- () () 30. Has answering the above questions caused you to think differently about your drinking?

PART II

- () () 1. Do either of your parents have a drinking problem?
- () () 2. Does anyone in your family other than your parents have a drinking problem?

PART III

1. What alcoholic beverage did you have in your possession at the time of your citation?

2. What is your favorite type of alcoholic beverage? _____

3. At what age did you begin drinking (other than a sip of your parents drink)?
