

Name _____ Age _____ Gender (circle one) M F

PERSONAL ALCOHOL PROFILE

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

PART I

YES	NO	<u>DURING THE PAST SIX MONTHS, HAVE YOU:</u>
()	()	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 <u>or</u> suggest that you cut down on you drinking?
()	()	4. Gotten high on alcohol <u>before</u> going out on a date?
()	()	5. Passed out from drinking while on a date or out with friends?
()	()	6. Gotten into conflicts with your friends or acquaintances after drinking?
()	()	7. Drank and stayed at 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 by your reaction to alcohol?
()	()	18. Run out of money because you spent too much on alcohol?

- | YES | NO | <u>DURING THE PAST SIX MONTHS, HAVE YOU:</u> |
|------------|-----------|--|
| () | () | 19. Gotten into trouble with the 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 when 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 any differently about your drinking? |

PART II

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|-----|-----|--|
| () | () | 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 parents drink)?
