



DRUG AND ALCOHOL SCREENING

Below is a brief simple screening tool of symptoms commonly associated with problematic alcohol and drug use. It is not a substitute for an evaluation by a trained professional and is presented here as a way for you to gauge yourself by answering some basic questions. Answer the following questions with a simple “yes” or “no” and then consider the paragraph that follows.

1. Family and/or friends have expressed concern about my drinking or drug use.
2. As a result of my alcohol and/or drug use I have missed time at work or not performed my best.
3. As a result of my alcohol and/or drug use I have had trouble in my role as a spouse or parent.
4. I have used alcohol and/or drugs in physically hazardous situations (eg. drinking and driving, operating machinery).
5. I frequently look forward to drinking or using drugs and make plans to do so.
6. I have used more alcohol or drugs than I had initially intended.
7. I sometimes use alcohol or drugs to relieve the effects of a hangover.
8. Using alcohol or drugs helps me to sleep at night.
9. Sometimes I think my alcohol and/or drug use is becoming a problem.
10. I have attempted to quit or reduce the amount of alcohol and/or drugs I consume.
11. I have experienced withdrawal symptoms as a result of trying to not use alcohol and/or drugs.
12. I have noticed that I need to use more alcohol and/or drugs to get the pleasurable effects I enjoy.

If you answered “yes” to 4 or more of these questions Associates in Employee Assistance would encourage you to call for an appointment with an EAP counselor. If you answered “yes” to 5 or 6 of these questions you may have a moderate alcohol or drug problem. If you answered “yes” to 6 or 7 of these questions your drinking or drug concerns may be severe.