

Alcohol Cessation Behavioral Snapshot - 8 items (AC-BSA-8™)

You are working to stop drinking alcohol or remain alcohol-free. We know this can be challenging. The following questions ask about your experience over the past week. There are no right or wrong answers; please answer honestly.

In the past week, have there been times when you did not stick to your goal of avoiding alcohol?  No Yes, once Yes, more than once  Self-Directed Adjustment In the past week, have you intentionally altered your alcohol avoidance plan (e.g., skipped a commitment, reduced vigilance) without external guidance?  No Yes, once Yes, more than once  Timing Deviation / Opportunity Lapse Have there been times when you were in situations that usually challenge your goal, and you failed follow your alcohol-free plan?
Self-Directed Adjustment In the past week, have you intentionally altered your alcohol avoidance plan (e.g., skipped a commitment, reduced vigilance) without external guidance?  No Yes, once Yes, more than once  Timing Deviation / Opportunity Lapse Have there been times when you were in situations that usually challenge your goal, and you failed
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Tottow your atcornor-free plan:
□ No □ Yes, once □ Yes, more than once
Full-Day Slip
In the past week, did you go a full day without adhering to your alcohol avoidance goal?
□ No □ Yes, once □ Yes, more than once
Emotion-Driven Lapse
Have mood, stress, cravings, or social pressures led you to drink or come close to drinking despite your goal?
$\square$ No $\square$ Yes, once $\square$ Yes, more than once
Late Recognition / Recovery
Have there been moments when you realized late in the day that you had broken your alcohol-free plan or almost did?
□ No □ Yes, once □ Yes, more than once
Access / Environmental Barrier
Were there times when circumstances made it harder to maintain your goal (e.g., being around alcohol, social pressure, unexpected events)?
□ No □ Yes, once □ Yes, more than once
Perceived Consistency
Overall, in the past week, did your alcohol-free behavior feel inconsistent or irregular compared with
your intended plan?
□ No □ Yes, once □ Yes, more than once

Please speak with your healthcare provider if you have questions about your medications or if there are things making it difficult to take them as prescribed. Adherence is a journey, not a test—your answers help illuminate the path.