

DO YOU KNOW your **alcoholism** status?



Simply answer the questions below as honestly as possible.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Do you lose time from work due to drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is drinking making your home life unhappy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you drink because you are shy with other people? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is drinking affecting your reputation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever felt remorse after drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you gotten into financial difficulties as a result of drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you turn to lower companions and an inferior environment when drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does your drinking make you careless of your family's welfare? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has your ambition decreased since drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you crave a drink at a definite time daily? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you want a drink the next morning? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does drinking cause you to have difficulty in sleeping? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has your efficiency decreased since drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Is drinking jeopardising your job or business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you drink to escape from worries or trouble? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you drink alone? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever had a complete loss of memory as a result of drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Has your physician ever treated you for drinking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you drink to build up self-confidence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever been to hospital or an institution on account of drinking? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered YES to any one of the questions, there is a definite warning you may be an alcoholic.

If you have answered YES to any two, chances are that you are an alcoholic.

If you have answered YES to three or more, you are definitely an alcoholic.

(This test was prepared by John Hopkins University Hospital, USA.)



Alcoholics Anonymous

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 Alcoholics Anonymous Port Elizabeth



YOU NEED NEVER STAND ALONE AGAIN!