

Nonmedical Questionnaire

ALCOHOL

Description: Alcohol use disorders, including alcohol abuse and alcohol dependence (alcoholism).

Currently drink alcohol: Yes No

Type of alcohol:

beer wine liquor, type: _____

Frequency:

daily weekly monthly other (specify): _____

Number of drinks per occasion: _____

Date of last alcoholic beverage: _____

Ever been advised to cut down or to seek treatment for alcohol: Yes No

If yes, provide date and details (if treatment, provide type, facility, length of stay): _____

Any relapses from sobriety or abstinence: Yes No

If yes, when: _____

DUI's or other legal issues (dates of events and details): _____

Currently a member of AA or another sobriety support program: Yes No

If yes, provide dates and details: _____

Any other substance abuse concerns such as illegal drugs or prescriptions pain pills: _____

(If yes, see Drug Abuse Questionnaire)

Have you been told by a physician that you have liver damage or elevated liver enzymes due to alcohol use: Yes No

If yes, provide results of most recent liver enzyme blood work, if available:

_____ AST _____ ALT _____ GGT

Current occupation and length of employment: _____
