NAME: _____

Date: ____/ ____/ _____

Please indicate "yes" or "no" in response to the following questions. When thinking about drug use, include illegal drug use and the use of prescription drugs other than as prescribed.	**Yes**	**No**
1. Have you ever felt you ought to cut down on your drinking or drug use?		
2. Have people annoyed you by criticizing your drinking or drug use?		
3. Have you felt bad or guilty about your drinking or drug use?		
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?		
Total Number of "Yes" Responses:	0	