

Self Evaluation of Drinking (Summary)

For each of the areas listed below, consult the corresponding question and notice which number you checked. Circle that same number below. Connect all the circles to form your personal summary profile. Those to the right of the centre line indicate areas in which you perceive a negative effect and a need for change

		Perceived Positive Effects				Perceived Negative Effects			
Amount of Drinking	A.	5	4	3	2	1		A.	
Others' Perceptions	B.	5	4	3	2	1		B.	
Social Relationships	C.	5	4	3	2	1		C.	
Physical Health	D.	5	4	3	2	1		D.	
Emotional State	E.	5	4	3	2	1		E.	
Physical Dependence	F.	5	4	3	2	1		F.	
Coping with Problems	G.	5	4	3	2	1		G.	
Mental Abilities	H.	5	4	3	2	1		H.	
Family Life	I.	5	4	3	2	1		I.	
Work	J.	5	4	3	2	1		J.	
Social Adjustment	K.	5	4	3	2	1		K.	
Sexual Fulfilment	L.	5	4	3	2	1		L.	
Overall Perception	M.	5	4	3	2	1		M.	
Perceived Need for Change	N.	5	4	3	2	1		N.	