

National Alcohol Screening Day ~NASD~ *Traci B. Hawkins, MA LLP*



Do you know these alcohol facts?

- If your first drink of alcohol is before age 15, you are five times more likely to become an alcoholic?
- One quarter of U.S. children are exposed to alcohol abuse or dependence in the family.
- Over 17 million adults (or almost 9% of the US population) meet the criteria for alcohol dependence or abuse.
- 41% of all fatal car accidents involved a drunk driver.
- Alcohol use contributes to a range of chronic health consequences including cancer and cardiovascular disease.

To address this wide spread problem, organizers have planned a National Alcohol Screening Day (NASD) and are offer free screenings for alcohol problems. The screenings allow you to find out whether or not a professional consultation would be helpful to you. While the screenings are not a substitute for a complete evaluation, they are a great first step to explain if your symptoms are consistent with an alcohol problem and how to access help.

If you have questions or you are concerned that you may have a problem with alcohol, ask your primary care provider to refer you to a mental health practitioner in your area. A free self-assessment is available at www.mentalhealthscreening.org.

Traci Hawkins is a clinical psychologist with offices in Brooklyn and Ann Arbor. She has 15 years of experience providing child, adolescent and adult psychotherapy. She specializes in eating disorders, weight loss, depression, anxiety, marriage repair and enrichment, grief and loss, Christian therapy and goal achievement. For more information on childhood depression or other mental health questions, feel free to contact:

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Alcohol Screening Questions

1. How often do you have a drink containing alcohol?
 - Never
 - Monthly or less 2 to 4 times a month
 - 2 to 3 times a week
 - 4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
 - 0, 1, or 2
 - 3 or 4
 - 5 or 6
 - 7 or 8
 - 10 or more
3. How often do you have four or more drinks on one occasion?
 - Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you started?
 - Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily
5. How often during the last year have you failed to do what was normally expected from you because of drinking?
 - Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
 - Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?
 - Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
 - Never
 - Less than monthly
 - Monthly
 - Weekly
 - Daily or almost daily
9. Have you or someone else been injured as a result of your drinking?
 - No
 - Yes, but not in the last year
 - Yes, during the last year
10. Has a relative or friend or a doctor or other health care worker been concerned about your drinking or suggested you cut down?
 - No
 - Yes, but not in the last year
 - Yes, during the last year