

ALCOHOL USE QUESTIONNAIRE

Please fax back to IPA at 781 643-2775

Client Name: _____ DOB: _____

1. Do you presently drink alcohol? _____

2. If yes, what do you drink and how much (indicate below):

AMOUNT	WINE	BEER	LIQUOR	DATE LAST DRINK
DAILY				
WEEKLY				
MONTHLY				

3. Did you ever drink to excess? _____

4. If so, how much, when did this occur and what type of alcohol (indicate below):

AMOUNT	WINE	BEER	LIQUOR	DATE LAST DRINK
DAILY				
WEEKLY				
MONTHLY				

5. Have you ever had a driving conviction due to alcohol (DWI, DUI, speeding, accidents, so on), if so when? _____

6. Have you ever been advised by your physician to curtail your alcohol use, been treated as out-patient or in-patient or by antabuse? _____

7. Name and address of physician that treated you or advised the curtailment of the alcohol use: _____

8. Do you have any family members with alcohol problems? _____

9. Have you ever had any employment problems due to alcohol use? _____

10. Do you belong to any organizations such as AA, NA so on? _____

Agent Name: _____

Phone Number: _____ Fax No: _____

Date: _____ E-mail Address: _____

Please circle the associate you work with. Russ, Rhonda, Leo