Weighing the Pros and Cons

Reasons to keep drinking the way I have been	Reasons to cut down or quit

How Important Is It to Make a Change in Your Drinking?

How *important* would you say that it is to you to make a change in your drinking? Give yourself a rating, from 0 to 10:

How important is it?

0	1	2	3	4	5	6	7	8	9	10
Not at all important										Extremely important

Chances are that you didn't choose zero as your importance rating. Otherwise you wouldn't be reading this book. So why did you choose the number that you did instead of a lower number or zero? Write down your reasons for choosing this number.

Then give yourself a second rating. How *confident* are you that if you *did* decide to cut down you could reduce your drinking to a moderate level and keep it there?

How confident are you that you could moderate your drinking if you decided to?

0	1	2	3	4	5	6	7	8	9	10
Not at all confident										Totally confident

And finally, how confident are you that if you did decide to *quit*, you could stop drinking and remain abstinent?

How confident are you that you could quit drinking if you decided to?

0	1	2	3	4	5	6	7	8	9	10
Not at all confident										Totally confident

The MAST

1. Do you feel you are a normal drinker?	No 2	Yes 0
2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening before?	No 0	Yes 2
3. Does any member of your family (wife, husband, parents, etc.) ever worry or complain about your drinking?	No 0	Yes 1
4. Can you stop drinking without a struggle after one or two drinks?	No 2	Yes 0
5. Do you ever feel bad about your drinking?	No 0	Yes 1
6. Do friends or relatives think you are a normal drinker?	No 1	Yes 0
7. Are you always able to stop drinking when you want to?	No 2	Yes 0
8. Have you ever attended a meeting of Alcoholics Anonymous (AA)?	No 0	Yes 5
9. Have you gotten into fights when drinking?	No 0	Yes 1
10. Has drinking ever created problems with you and your spouse (husband/wife)?	No 0	Yes 2
11. Has your spouse (or other family member) ever gone to anyone for help about your drinking?	No 0	Yes 2
12. Have you ever lost friends or lovers because of your drinking?	No 0	Yes 2
13. Have you ever gotten into trouble at work because of drinking?	No 0	Yes 2
14. Have you ever lost a job because of drinking?	No 0	Yes 2
15. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	No 0	Yes 2
16. Do you ever drink before noon?	No 0	Yes 1

(*cont.*) -

17. Have you ever been told you have liver trouble?	No 0	Yes 2
18. After heavy drinking, have you ever had severe shaking or heard voices or seen things that weren't there?	No 0	Yes 2
19. Have you ever gone to anyone for help about your drinking?	No 0	Yes 5
20. Have you ever been in a hospital because of drinking?	No 0	Yes 5
21. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital?	No 0	Yes 2
22. Have you ever been seen at a psychiatric or mental health clinic, or gone to a doctor, social worker, or clergy for help with an emotional problem?	No 0	Yes 2
23. Have you ever been arrested, even for a few hours, because of drunk behavior? (other than driving)	No 0	Yes 2
24. Have you ever been arrested for drunk driving or driving after drinking?	No 0	Yes 2

Source: Selzer, M. L. (1971). The Michigan Alcohol Screening Test: The quest for a new diagnostic instrument. *American Journal of Psychiatry, 127*(12), 1653–1658. Copyright 1971 by the American Psychiatric Association; *http://ajp.psychiatryonline.org.* Reprinted by permission.

The Alcohol Dependence Scale

1. How much did you drink the last time you drank?	____ Enough to get high or less 0	____ Enough to get drunk 1	____ Enough to pass out 2	
2. Do you often have hangovers on Sunday or Monday mornings?	____ No 0	____ Yes 1		
3. Have you had the "shakes" when sobering up (hands tremble, shake inside)?	____ No 0	____ Sometimes 1	____ Almost every time I drink 2	
4. Do you get physically sick (e.g., vomit, stomach cramps) as a result of drinking?	____ No 0	____ Sometimes 1	____ Almost every time I drink 2	
5. Have you had the "DTs" (delirium tremens)—that is, seen, felt, or heard things not really there; felt very anxious, restless, and overexcited?	____ No 0	____ Once 1	____ Several times 2	
6. When you drink, do you stumble about, stagger, and weave?	____ No 0	____ Sometimes 1	____ Often 2	
7. As a result of drinking, have you felt overly hot and sweaty (feverish)?	____ No 0	____ Once 1	____ Several times 2	
8. As a result of drinking, have you seen things that were not really there?	____ No 0	____ Once 1	____ Several times 2	
9. Do you panic because you fear you may not have a drink when you need it?	____ No 0	____ Yes 1		
10. Have you had blackouts ("loss of memory" without passing out) as a result of drinking?	____ No 0	____ Sometimes 1	____ Often 2	____ Almost every time I drink 3
11. Do you carry a bottle with you or keep one close at hand?	____ No 0	____ Some of the time 1	____ Most of the time 2	

(*cont.*) -

12. After a period of abstinence (not drinking), do you end up drinking heavily again?	____ No 0	____ Sometimes 1	____ Almost every time 2	
13. In the past 12 months, have you passed out as a result of drinking?	____ No 0	____ Once 1	____ More than once 2	
14. Have you had a convulsion (fit) following a period of drinking?	____ No 0	____ Once 1	____ Several times 2	
15. Do you drink throughout the day?	____ No 0	____ Yes 1		
16. After drinking heavily, has your thinking been fuzzy or unclear?	____ No 0	____ Yes, but only for a few hours 1	____ Yes, for one or two days 2	____ Yes, for many days 3
17. As a result of drinking, have you felt your heart beating rapidly?	____ No 0	____ Once 1	____ Several times 2	
18. Do you almost constantly think about drinking and alcohol?	____ No 0	____ Yes 1		
19. As a result of drinking, have you heard "things" that were not really there?	____ No 0	____ Once 1	____ Several times 2	
20. Have you had weird and frightening sensations when drinking?	____ No 0	____ Once or twice 1	____ Often 2	
21. As a result of drinking, have you "felt things" crawling on you that were not really there (e.g., bugs, spiders)?	____ No 0	____ Once 1	____ Several times 2	
22. With respect to blackouts (loss of memory):	____ Have never had a blackout 0	____ Have had black-outs that last less than an hour 1	____ Have had black-outs that last for several hours 2	____ Have had black-outs that last for a day or more 3
23. Have you tried to cut down on your drinking and failed?	____ No 0	____ Yes 1		

(*cont.*) ç

24. Do you gulp drinks (drink quickly)?	____ No 0	____ Yes 1
25. After taking one or two drinks, can you usually stop?	____ No 1	____ Yes 0

Source: Horn, J., Skinner, H. A., Wanberg, K., & Foster, F. M. (1984). *The Alcohol Dependence Scale (ADS).* Toronto, Ontario, Canada: Centre for Addiction and Mental Health. Copyright 1984 by the Centre for Addiction and Mental Health and Harvey A. Skinner. Reprinted by permission.

PERSONAL GOALS CARD

My regular limit: ____ standard drinks per day

My occasional BAC limit: ____ mg%

____ standard drinks in 1 hour
or ____ standard drinks in 2 hours
or ____ standard drinks in 3 hours
or ____ standard drinks in 4 hours
or ____ standard drinks in 5 hours

Daily Record Card

Date	Time	Type of drink	Amount	Situation

Summary of Progress Form

Week ending (date):					
Total number of drinks this week:					
Number of days I stayed within my regular limit:					
Highest number of drinks in any one day this week:					
Number of hours spent drinking on highest day:					
Estimated highest BAC level this week (use BAC table):					

Personal Rewards

Take a few minutes now to think of some good rewards for yourself. Start with material rewards. What things could you afford (in terms of money or time) that would be pleasant? What would you work for? Remember that better rewards are those that are easily available (a special sandwich, not a new home). What are some material rewards tailor-made for you? Think of at least five and write them here:

_____

_____

_____

_____

_____

Now think of some possible mental rewards for yourself. What things might you say to yourself? Write here at least five statements that say something positive about you:

"_____"

"_____"

"_____"

"_____"

"_____"

Write at least five positive things that you could say when you've done something well:

"_____"

"_____"

"_____"

"_____"

"_____"

Pleasant Activities without Alcohol

Make a reasonably long list of those things you like to do. Some possible categories are:

Things I can do alone:

_____

_____

_____

Things I can do with one or more other people:

_____

_____

_____

Physical activities:

_____

_____

_____

Intellectual activities:

_____

_____

_____

Productive activities:

_____

_____

_____

(*cont.*)

Restful activities:

_____

_____

_____

Things that take only a few seconds:

_____

_____

_____

Things that take a couple of minutes:

_____

_____

_____

Things that require a couple of hours:

_____

_____

_____

Things that take a few days:

_____

_____

_____

Things that don't cost anything:

_____

_____

_____

(*cont.*) -

Things that cost a little:

_____

_____

_____

Things that cost a lot:

_____

_____

_____

Activities at home:

_____

_____

_____

Activities in the city:

_____

_____

_____

Activities in the country:

_____

_____

_____

The Mood Screener

Name: ..... **Date:** .....

	A. Lifetime		B. Current	
	Have you ever had two weeks or more when nearly every day you...	Check if any answers were "Yes"	Have you had this problem nearly every day in the last two weeks?	Check if any answers were "Yes"
❶ Felt sad, blue, or depressed most of the day nearly every day?	❑ Yes ❑ No	1 ❑	❑ Yes ❑ No	1 ❑
❷ Lost all interest or pleasure in things you usually cared about or enjoyed?	❑ Yes ❑ No	2 ❑	❑ Yes ❑ No	2 ❑
❸ a. Lost or increased your appetite nearly every day?	❑ Yes ❑ No		❑ Yes ❑ No	
b. Lost weight without trying to? (Over 2 lbs. [1 kilo] per week)	❑ Yes ❑ No	3 ❑	❑ Yes ❑ No	3 ❑
c. Gained weight without trying to?	❑ Yes ❑ No		❑ Yes ❑ No	
❹ a. Had trouble falling asleep, staying asleep, or waking up too early?	❑ Yes ❑ No		❑ Yes ❑ No	
b. Been sleeping too much nearly every day?	❑ Yes ❑ No	4 ❑	❑ Yes ❑ No	4 ❑
❺ a. Talked or moved more slowly than is normal for you?	❑ Yes ❑ No		❑ Yes ❑ No	
b. Had to be moving all the time, that is, couldn't sit still and paced up or down?	❑ Yes ❑ No	5 ❑	❑ Yes ❑ No	5 ❑
❻ a. Felt tired or without energy all the time?	❑ Yes ❑ No	6 ❑	❑ Yes ❑ No	6 ❑
❼ a. Felt worthless, sinful, or guilty nearly every day?	❑ Yes ❑ No	7 ❑	❑ Yes ❑ No	7 ❑
❽ a. Had a lot more trouble concentrating or making decisions than is normal for you?	❑ Yes ❑ No		❑ Yes ❑ No	
b. Noticed that your thoughts came much slower than usual or seemed mixed up nearly every day?	❑ Yes ❑ No	8 ❑	❑ Yes ❑ No	8 ❑
❾ a. Thought a lot about death—either your own, someone else's, or death in general?	❑ Yes ❑ No		❑ Yes ❑ No	
b. Wanted to die?	❑ Yes ❑ No	9 ❑	❑ Yes ❑ No	9 ❑
c. Felt so low you thought about committing suicide?	❑ Yes ❑ No		❑ Yes ❑ No	
d. Attempted suicide?	❑ Yes ❑ No		❑ Yes ❑ No	
		Number of boxes checked: = ____		Number of boxes checked: = ____
Did these problems interfere with your life or activities a lot?	❑ Yes ❑ No	❑	❑ Yes ❑ No	❑

Source: The Mood Screener was developed by Ricardo F. Muñoz, PhD, University of California, San Francisco. Questions are adapted from the Diagnostic Interview Schedule, which is in the public domain. See Robins, L. N., Helzer, J. E., Croughan, J., et al. (1981). National Institute of Mental Health Diagnostic Interview Schedule. *Archives of General Psychiatry, 38*(4), 381–389. The Mood Screener can be reproduced without permission from the author. Reprinted in *Controlling Your Drinking* (2nd ed.).

Center for Epidemiological Studies—Depression Scale (CES-D)

Name: ..... Date: ..... Total score: .....

Below is a list of ways you may have felt. Please indicate how often you have felt this way during the past week: rarely or none of the time; some or a little of the time; occasionally or a moderate amount of time; or most or all of the time.

During the past week, that would be from _____ through today: (date)	Rarely or none of the time (less than 1 day)	Some or a little of the time (1–2 days)	Occasionally or a moderate amount of time (3–4 days)	Most or all of the time (5–7 days)
1. I was bothered by things that usually don't bother me.	0	1	2	3
2. I did not feel like eating; my appetite was poor.	0	1	2	3
3. I felt that I could not shake off the blues even with help from my family or friends.	0	1	2	3
4. I felt that I was just as good as other people.	3	2	1	0
5. I had trouble keeping my mind on what I was doing.	0	1	2	3
6. I felt depressed.	0	1	2	3
7. I felt that everything I did was an effort.	0	1	2	3
8. I felt hopeful about the future.	3	2	1	0
9. I thought my life had been a failure.	0	1	2	3
10. I felt fearful.	0	1	2	3
11. My sleep was restless.	0	1	2	3
12. I was happy.	3	2	1	0
13. I talked less than usual.	0	1	2	3
14. I felt lonely.	0	1	2	3
15. People were unfriendly.	0	1	2	3
16. I enjoyed life.	3	2	1	0
17. I had crying spells.	0	1	2	3
18. I felt sad.	0	1	2	3
19. I felt that people disliked me.	0	1	2	3
20. I could not get "going."	0	1	2	3

Source: This scale is in the public domain. See Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1,* 384–401. Reprinted in *Controlling Your Drinking* (2nd ed.).

My Positive Characteristics

Make your own list of positive self-statements—at least 10 things you can say to yourself. Set up a reminder, and every time you see it, tell yourself something positive. On the next page is a list of positive characteristics of people who succeed with change. Which of these are true of you? Why?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

(*cont.*)

Accepting	Committed	Flexible	Persevering	Stubborn
Active	Competent	Focused	Persistent	Thankful
Adaptable	Concerned	Forgiving	Positive	Thorough
Adventuresome	Confident	Forward-looking	Powerful	Thoughtful
Affectionate	Considerate	Free	Prayerful	Tough
Affirmative	Courageous	Happy	Quick	Trusting
Alert	Creative	Healthy	Reasonable	Trustworthy
Alive	Decisive	Hopeful	Receptive	Truthful
Ambitious	Dedicated	Imaginative	Relaxed	Understanding
Anchored	Determined	Ingenious	Reliable	Unique
Assertive	Die-hard	Intelligent	Resourceful	Unstoppable
Assured	Diligent	Knowledgeable	Responsible	Vigorous
Attentive	Doer	Loving	Sensible	Visionary
Bold	Eager	Mature	Skillful	Whole
Brave	Earnest	Open	Solid	Willing
Bright	Effective	Optimistic	Spiritual	Winning
Capable	Energetic	Orderly	Stable	Wise
Careful	Experienced	Organized	Steady	Worthy
Cheerful	Faithful	Patient	Straight	Zealous
Clever	Fearless	Perceptive	Strong	Zestful

Source: This list, compiled by Shelby Steen, is in the public domain. See Miller, W. R. (Ed.). (2004). *Combined behavioral intervention: A clinical research guide for therapists treating individuals with alcohol abuse and dependence* (COMBINE Monograph Series, Vol. 1). Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism.

How Are You Doing with Self-Control of Your Drinking?

Here are some questions to help you evaluate how you're doing with self-control of your drinking.

Yes	No	
____	____	Are you still drinking medically risky amounts of alcohol (two or more drinks a day for women or three or more drinks a day for men)?
____	____	Do you often drink more than you intended and have trouble staying within the limits you set for yourself?
____	____	Do you drive motor vehicles or do other potentially risky things while alcohol is still in your bloodstream?
____	____	Is it a struggle for you to maintain moderation, as though you were walking a tightrope and might lose your balance at any moment?
____	____	Does it seem useless or pointless to have only a drink or two?
____	____	Do you experience signs of overdrinking, such as memory impairment, injury, or poor judgment?
____	____	Are you in danger of serious negative consequences if you continue overdrinking (such as loss of family or relationship, legal consequences, job loss)?
____	____	Do you have a medical condition (such as hepatitis or stomach ulcer) that makes even moderate drinking dangerous to your health?