

MCCA
Chemical Dependency Checklist

Name: _____ **Date:** _____

Check the statements that apply to you.

- _____ 1. Have you ever decided to stop drinking and/or using for a week or so, but only lasted for a couple of days?
- _____ 2. Do you wish people would mind their own business about your drinking and/or using—stop telling you what to do?
- _____ 3. Have you ever switched from one kind of drink or drug to another in the hope that this would keep you from losing control?
- _____ 4. Have you had to have an “eye-opener” upon awakening during the past year?
- _____ 5. Do you need a drink or drug to get started, or stop shaking?
- _____ 6. Do you envy people who can drink or use drugs without getting into trouble?
- _____ 7. Have you had a problem connected with drinking or using during the past year?
- _____ 8. Has your drinking or using caused trouble at home? Is it harming or worrying the whole family?
- _____ 9. Do you ever try to get “extra” drinks or drugs at a party because you did not get enough?
- _____ 10. Do you tell yourself you can stop drinking or using any time you want to, even though you keep getting inebriated when you don’t want to?
- _____ 11. Have you missed days of work or school because of drinking or using?
- _____ 12. Do you have “blackouts” or suffer memory loss after drinking or using?
- _____ 13. Have you ever felt that your life would be better if you did not drink or use?
- _____ 14. Do you like to drink or use alone?
- _____ 15. Do you need a drink or use at a definite time of the day?
- _____ 16. Do you lie about, cover up or make excuses about drinking or using?
- _____ 17. Has drinking or using caused you to lose interest in friends or activities you to enjoy?
- _____ 18. Do you drink to relieve fear, shyness, stress or insecurity?
- _____ 19. Do you become more moody, jealous or irritable when drinking or using?