MaineHealth

Adult

AC-OK Screen

Today's Date: _____ **Name:** _____ **Date of Birth:** _____

	YES	NO
During the past year:		
1. Have you been preoccupied with drinking alcohol and/or using other drugs?	❑	❑
2. Have you experienced problem caused by drinking alcohol and/or using other drugs, and you kept using?	❑	❑
3. Do you, at times, drink alcohol and/or use drugs more than you intended?	❑	❑
4. Have you needed to drink more alcohol and/or use more drugs to get the same effect you used to get with less?	❑	❑
5. Do you, at times, drink alcohol and/or use other drugs to alter the way you feel?	❑	❑
6. Have you tried to stop drinking alcohol and/or using other drugs, but couldn't?	❑	❑