

# Is There a Problem?

## A Pre-Assessment Log

Questions	YES	NO
1.) Are alcohol or drugs affecting a person's work or performance behavior?	<input type="checkbox"/>	<input type="checkbox"/>
2.) Have they neglected obligations as a result of alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
3.) Do they drink or use drugs more than they intended to?	<input type="checkbox"/>	<input type="checkbox"/>
4.) Has there been trouble as a direct result of their drinking or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5.) Does their drug or alcohol use take precedence over things that were previously important to them?	<input type="checkbox"/>	<input type="checkbox"/>
6.) Have their relationships suffered (personal &/or professional) as a result of drug or alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>
7.) Has their financial standing been negatively affected by drug or alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>
8.) Are there health implications related to drug or alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>
9.) Has there been trouble with the law or any legal dilemmas more frequently lately?	<input type="checkbox"/>	<input type="checkbox"/>
10.) Do thoughts of their drug or alcohol use interrupt your day?	<input type="checkbox"/>	<input type="checkbox"/>

### Emotions to Above Checked "YES" (Example given)

Date	#?	Anger	Shame	Sadness	Fear	Frustrated	Anxiety	Concern	Comments
10/9	#6	5	1	3	4	2	0	4	Used to be more fun and easy to get along with

**Intensity Range:**

0= Not at all 1= A bit 2= Somewhat 3=Rather Strong 4= Very Strong 5= Extremely Strong

Upon completion call **MASTERING ADDICTION CONSCIOUSLY**. Where we can help: (310) 621-1362