

# TWEAK

Client \_\_\_\_\_

Date \_\_\_\_\_

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- 1.A How many drinks does it take before you begin to feel the first effects of alcohol? \_\_\_\_\_  
*or*  
How many drinks does it take before the alcohol makes you fall asleep or pass out. If you never pass out, what is the largest number of drinks that you have? \_\_\_\_\_
2. Have your friends or relatives worried about your drinking in the past year? Yes \_\_\_\_ No \_\_\_\_\_
3. Do you sometimes take a drink in the morning when you first get up? Yes \_\_\_\_ No \_\_\_\_\_
4. Are there times when you drink and afterwards can't remember what you said or did? Yes \_\_\_\_ No \_\_\_\_\_
5. Do you sometimes feel the need to cut down on your drinking? ? Yes \_\_\_\_ No \_\_\_\_\_