

BARTH CLINIC  
JELLINEK QUESTIONNAIRE

NAME \_\_\_\_\_

DATE \_\_\_\_\_

**Directions:** Answer the following questions by filling in the correct answers in the blank at the right of the question or by circling "yes" or "no" at the right of the question.

- A. **Age of first drink.** \_\_\_\_\_
- B. **Age the first time you became drunk.** \_\_\_\_\_
- (1)(a) **Do you drink more or less than you used to in order to obtain the same high?**  
    \_\_\_ More      \_\_\_ Less      \_\_\_ Same
- (b) **Do you often take a drink to help relax?**      Yes      No
- (c) **Do you sometimes forget things after drinking?**      Yes      No
- (2)(b) 4. **Do you ever drink to relieve a hangover?**      Yes      No
5. **Have you had an accidental injury after or during drinking?**  
**(If yes, please explain)**      Yes      No  
\_\_\_\_\_  
\_\_\_\_\_
6. **Have you ever felt guilty or embarrassed about your drinking?**  
**(Please explain)**      Yes      No  
\_\_\_\_\_  
\_\_\_\_\_
7. **I occasionally drink heavily after a disappointment, a quarrel, or when the boss, wife, or friends give me a hard time.**      Yes      No
8. **I have awakened on the "morning after" and discovered that I could not remember part of the evening before, even though my friends told me that I did not pass out.**      Yes      No
- (3) 9. **When drinking with other people, I sometimes have a few extra drinks when others will not know it, or take a quick one while mixing or serving drinks.**  
**(Please explain)**      Yes      No  
\_\_\_\_\_