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 guilt or embarrassed about your drinking**?
(Please explain) Yes No
_____
_____

7. **I occasionally drink heavily after a disappointment, a quarrel, or when the boss, wife, husband, 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
_____

(5) 10. **There are certain occasions when I feel uncomfortable if alcohol is not available.**
Yes No (if Yes, Please explain)
_____

(5) 11. **I noticed that lately I am in more of a hurry to get the first drink than I used to be**. Yes No

(3) 12. **I often find that I wish to continue drinking after my friends say they have had enough**. Yes No

13. **I usually have a reason for the occasions when I drink heavily**. Yes No
(If yes, give reason)_____

14. **I have tried switching brands or following different plans for controlling my drinking, such as not to drink before a certain hour, only at home, or only with friends, or just drink beer.** Yes No

(4) 15. **I have failed to keep the promises I made to myself about controlling or cutting down on my drinking.** (Even once) Yes No

(4)(3) 16. **I have thought of, or tried to control my drinking by making a change in jobs or moving to a new location.** Yes No

17. **When I drink I try to avoid... who**? _____

(2)(a) 18. **I sometimes have the shakes in the morning and find that it helps to have a drink to get going.** Yes No

(3) 19. **I have lost control of my drinking on occasion intending only to have a couple and I have ended up drunk. (Even once)** Yes No

(5) 20. **Did you ever worry if there would be enough alcohol at a party and have a few drinks before going in order to make sure you would have enough?**
Yes No

21. **Have you ever refused to talk about your drinking behavior?** Yes No
(Please explain. Does it irritate you when people say you have a problem ?)
_____

22. **Did you ever try to justify to yourself, or find an excuse for your heavy drinking**?
(For example, that alcohol was "medicine for your nerves, that your efficiency required alcohol, etc.?") Yes No

23. **Have you ever been aggressive, belligerent, or malicious, or done anything dangerous to yourself or others**? Yes No

24. **I have spent money, that I shouldn't while drinking (i.e. buying drinks, buying unnecessary things, giving big tips, making long distance calls, etc**.)
Yes No

(6) 25. **I have avoided doing things because they would interfere with being able to drink.** Yes No
(Please explain)_____
_____

(5) 26. **I have protected my supply of alcohol, that is, making sure that I would always have some handy that my family and friends would not find**. Yes No

(3) 27. **I sometimes stay drunk for several days at a time (over the weekend, camping trips, conventions, etc**.) Yes No

28. **I sometimes feel very depressed or pity myself and wonder whether life is worth living**. Yes No

(2)(a) 29. **Sometimes after periods of drinking, I see or hear things that aren't there, or become terribly frightened**. Yes No

(2)(b) 30. **I have occasionally used some non-beverage alcohol such as Nyquil cough medicine, vanilla extract, shaving lotion, canned heat, rubbing alcohol, etc., when no other drink was available**. Yes No

(1)(b) 31. **I have noticed I am now getting drunker on less alcohol**. Yes No

(2)(a) 32. **I sometimes have uncomfortable tremors, shakes, or jitters after drinking**.
Yes No

(2)(a) 33. **I have had DTs, seizures, hallucinations, etc., after a drinking bout**.
Yes No

34. **Have you had long periods of persistent remorse caused by your conduct while drinking, that is, not being able to shake off the idea that you've made a fool of yourself while drinking or that you have been unjust to your family or friends or had caused them great trouble, etc**? Yes No
(Please explain) _____
_____

(6) 35. **Have you ever walked out on your friends when drinking**? Yes No
(Please explain)_____

(6) 36. **Have you ever walked out on a job, or quit one while you were drinking, or had a hangover?** Yes No
(Please explain)_____
_____

37. **Have you ever thought about suicide**? (Even once. Please explain) Yes No
_____

Have you ever attempted suicide? Yes No

38. **Have you ever had problems remembering things or felt that your thinking was becoming disorganized?** Yes No
(Please explain)_____
_____

39. **Have you ever sought psychiatric help because of pressure by friends or relatives**? Yes No
(Please explain) _____
_____

(5) 40. **Have you ever had ideas or thoughts about drinking which you couldn't seem to get rid of even though you wanted to be rid of them**? Yes No

41. **Have you ever felt strong religious needs such as prayer, seeking your pastor's advice, began reading the Bible or religious literature, or felt the need for forgiveness since you started drinking?** Yes No

(4) 42. **Did you ever adopt a "what's the use?" attitude, that is, see no sense in trying to control your drinking, making a living, etc**.? Yes No

43. **Have you ever attended Alcoholics Anonymous**? Yes No
Approximately how many meetings? _____
When? _____ **Did it seem to help you**? Yes No

44. **Why are you here**?_____
_____
_____

45. **How do you feel about being here**?_____
_____
_____

46. **Do you think you might have a problem with alcohol**? Yes No
(Please explain)_____

47. **In what year do you feel that you were first an alcoholic, that is, could no longer control your drinking?**_____ **(Write in the year" or the word "never".)**

_____ _____
(Patient) **(Date)**

_____ _____
(Counselor) **(Date)**