

**Liiska Magacyada
Astaamaha Khamrada**

Patient Label

Magaca: _____

MRN: _____

Taariikhda: _____

Si lagaaga caawiyo adiga iyo adeeg bixiyahaaga inaad fahamtaan sida isticmaalkaaga khamriga uu u saamaynayo caafimaadkaaga, fadlan dhammaystir su'aalaha soo socda.

Fadlan GOOBAAB jawaabta ugu fiican ee su'aalkasta.

**Gudaha 12 bilood ee la
soodhaafay...**

1. Miyaad ogaatay in cabbitaanka qadar isku mid ah oo khamri ah uu ka saamayn yarahay inay ahayd ama ma inaad cabtay ahayd khamro badan si aad u sakhraanto?	Maya (No)	Haa (Yes)
2. Markaad yaraysay ama joojisay cabbitaanka ma dhidid badatay, cadhootay, calooshu ma xanuuntay ama gacmahu ma ku gariireen? Ma cabtaa khamri ama ma qaadataa walxaha kale si aad isaga ilaaliso astaamaha?	Maya (No)	Haa (Yes)
3. Goormaad cabtay, ma cabtay wax badan ama wax ka dheer intaad qorshaysay?	Maya (No)	Haa (Yes)
4. Miyaad doontay ama isku dayday inaad jarto ama joojiso cabbitaanka khamrada, laakiin aad awoodi wayday inaad sidaas samayso?	Maya (No)	Haa (Yes)
5. Wakhti badan miyaad ku qaadatay helida khamro, cabbitaanka khamri, ama ka bogsashada cabbitaanka?	Maya (No)	Haa (Yes)
6. Miyaad sii waday inaad cabto khamri xataa in kastoo aad ogayd ama ka shakiday inay abuurto ama ka sii darto dhibaatooyinka maskaxda ama jidhka?	Maya (No)	Haa (Yes)
7. Khamri cabbidu miyay faragelisay masuuliyadahaaga xaga shaqada, dugsiga, ama guriga?	Maya (No)	Haa (Yes)
8. Miyaad sakhraantay wax ka badan hal wakhti xaaladaha halka ay khatar ahayd, sida baabuur wadista ama ka shaqaynta mishiinada?	Maya (No)	Haa (Yes)
9. Miyaad khamri cabtay xataa in kastoo aad ogayd ama aad ka shakisanayd inay sababto dhibaatooyinka qoyskaaga ama dadka kale?	Maya (No)	Haa (Yes)
10. Miyaad la kullantay rabitaan xoog ah ama aad u dooinda cabbitaanka khamrada?	Maya (No)	Haa (Yes)
11. M ku qaadatay wakhti yar ka shaqaynta, xiisaynt balwadaha ama la jooga kuw akale sababtoo ah khamri cabbid?	Maya (No)	Haa (Yes)

Alcohol Symptom Checklist



Patient Label
Name: _____
MRN: _____
Date: _____

To help you and your provider understand how your alcohol use might be affecting your health, please complete the following questions.

Please CIRCLE the best response to each question.

In the past 12 months...

1. Did you find that drinking the same amount of alcohol has less effect than it used to or did you have to drink more alcohol to get intoxicated?	No	Yes
2. When you cut down or stop drinking did you get sweaty, nervous, have upset stomach or shaky hands? Did you drink alcohol or take other substances to avoid these symptoms?	No	Yes
3. When you drank, did you drink more or for longer than you planned to?	No	Yes
4. Have you wanted to or tried to cut back or stop drinking alcohol, but been unable to do so?	No	Yes
5. Did you spend a lot of time obtaining alcohol, drinking alcohol, or recovering from drinking?	No	Yes
6. Have you continued to drink even though you knew or suspected it creates or worsens mental or physical problems?	No	Yes
7. Has drinking interfered with your responsibilities at work, school, or home?	No	Yes
8. Have you been intoxicated more than once in situations where it was dangerous, such as driving a car or operating machinery?	No	Yes
9. Did you drink alcohol even though you knew or suspected it causes problems with your family or other people?	No	Yes
10. Did you experience strong desires or craving to drink alcohol?	No	Yes
11. Did you spend less time working, enjoying hobbies, or being with others because of your drinking?	No	Yes