

ናይ ኣልኮላዊ መስተ ምልክታት ዝርዝር

Patient Label
ስም: _____
MRN: _____
ዕለት: _____

እትወስዶ ኣልኮላዊ መስተ ክንደየናይ ዝኣክል ኣብ ጥዕናኻ ጽልዎ ከምዘለዎ ንስኻን እቲ ወሃቢ ሕክምናኻን መታን ክትርድኡዎ፣ ብኽብረትካ እዞም ዝሰዕቡ ሕቶታት መልሱ።

ብኽብረትካ ኣብ ሕድሕድ ሕቶ እቲ ዝበለጸ መልሲ ኣኽብብ።

ኣብተን ዝሓለፉ 12 ኣዋርሕ...

1. ምስቲ ኣብ መጀመርያ እትሰትዮ ዝነበርካ መጠን ኣልኮል ከተወዳድሮ እንክለኻ ማዕረ መጠን ምስታይ ውጽኢቱ ትሑት ኮይኑሮ ረኺብካዮ ወይከአ ንኸትሰክር ተወሳኺ መጠን ኣልኮል ምስታይ የድልየካዩ?	ኣይፋል (No)	እወ (Yes)
2. መስተ ምስታይ ክትንኪ ወይከአ ከተቋርጽ እንክለኻ የርህጻካ፣ ሓራቕ ትኸውን፣ ከብድኻ የሕመካ ወይከአ ኣእዳውካ የንቀጥቅጠካዩ? እዞም ምልክታት ንምውጋድ ኣልኮላዊ መስተ ወይከአ ካልኣት ዕጻፋርሳትዶ ተጠቐምካ ኔርካ?	ኣይፋል (No)	እወ (Yes)
3. እቲ ኣልኮላዊ መስተ ክትሰቲ እንክለኻ ካብቲ ዝሓሰብካዮ መጠን ወይከአ ግዜ ንላዕሊ ተጠቐምካዩ ትፈልጥ?	ኣይፋል (No)	እወ (Yes)
4. ኣልኮላዊ መስተ ክትንኪ ወይከአ ከተቋርጽ ደሊኻ ግን ከምኡ ምግባር ኣብዩካዩ ይፈልጥ?	ኣይፋል (No)	እወ (Yes)
5. እዚ ኣልኮላዊ መስተ ኣብ ምርካብ፣ ኣብ ምጥቃም ወይከአ ካብዚ ኣልኮላዊ መስተ ኣብ ምሕዋይ ብዙሕ ግዜዶ ተጥፍእ?	ኣይፋል (No)	እወ (Yes)
6. እቲ ኣልኮላዊ መስተ ኣእምሮኣዊን ኣካላዊን ጸገማት ዝፈጥር ወይ ዘጋድድ ምዃኑ እናፈለጥካ እንክለኻ ምስታይካ ቀጺልካዩ?	ኣይፋል (No)	እወ (Yes)
7. ኣልኮላዊ መስተ ምስታይ ኣብ ስራሕኻ፣ ዝኻኻ ወይ ኣብ ቤት-ትምህርቲኻ ግቡእኻ ከይትገብር ጸገም ፈጠሩልካዩ ይፈልጥ?	ኣይፋል (No)	እወ (Yes)
8. እቲ ኣልኮላዊ መስተ ካብ ሓደ ግዜ ንላዕሊ ኣብ ምዝዋር ማኪና ወይከአ ማሽን ሓደጋ ከሰዕብ ከሳዕ ዝኸእለሉ ደረጃ ኣስኪሩካዩ ይፈልጥ?	ኣይፋል (No)	እወ (Yes)
9. እቲ ኣልኮላዊ መስተ ምስ ስድራቤትካ ወይከአ ካልኣት ሰባት ናብ ጸገም ከእትወካ ምዃኑ እናፈለጥካ ወይከአ እናጠርጠርካ እንክለኻ ዲኻ ትወስዶ?	ኣይፋል (No)	እወ (Yes)
10. ኣልኮላዊ መስተ ንምስታይ ልዑል ወልፊ ወይከአ ሃረርታ ኣለካዩ?	ኣይፋል (No)	እወ (Yes)
11. ብምኽንያት ኣልኮላዊ መስተ ኣብ ስራሕ እተሕልፎ ግዜ፣ ኣብ ምዝንናይ ወይድማ ምስካልኣት ሰባት ኣብ ምጽዋት እተሕልፎ ግዜ እናወሓደዶ መጺዩ?	ኣይፋል (No)	እወ (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