KAISER PERMANENTE® 豐盛人生

Alcohol Symptom Checklist--Chinese

酒精症状自评表

Patient Label
Name: _____
MRN: _____
Date: _____

为帮助您以及您的医疗提供者了解您的酒精使用对健康的影响情况，请填写以下问题。

请圈出每一问题的最佳回答选项。

在过去的 12 个月……

1. 您是否发现饮用同样多的酒对身体的影响比以前的小，或者您是否需要饮用更多的酒才会醉？	否 (No)	是 (Yes)
2. 在您减少饮酒或戒酒时会不会出现出汗、紧张、胃部不适或双手颤抖？您是否曾通过饮酒或使用其他成瘾物质来避免这些症状？	否 (No)	是 (Yes)
3. 在您饮酒时，您饮酒的量是否比原计划的要多或饮酒时间比原计划要久？	否 (No)	是 (Yes)
4. 您是否曾想要或试图减少饮酒或戒酒，但是一直无法做到？	否 (No)	是 (Yes)
5. 您是否花很长时间来获得酒类、饮酒或从醉酒中恢复过来？	否 (No)	是 (Yes)
6. 您是否在知道或怀疑饮酒会引发或加重精神或身体问题的情况下，还在继续饮酒？	否 (No)	是 (Yes)
7. 饮酒是否对您在工作、学校或家里的职责造成了干扰？	否 (No)	是 (Yes)
8. 您是否不止一次在危险的情况下醉酒，例如在开车或操作机器时？	否 (No)	是 (Yes)
9. 您是否在知道或怀疑饮酒会导致您与您的家人或其他人出现问题的情况下，还在继续饮酒？	否 (No)	是 (Yes)
10. 您是否有过强烈的愿望或曾经极度渴望饮酒？	否 (No)	是 (Yes)
11. 您是否因为饮酒而减少了用于工作、享受爱好或与他人相处的时间？	否 (No)	是 (Yes)

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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