NAME/ID:

DATE:

AAS©
Alcohol Use Awareness and Insight Scale

We are interested in your own beliefs about your experiences with alcohol use. We are NOT interested in what others believe or may wish you to believe.

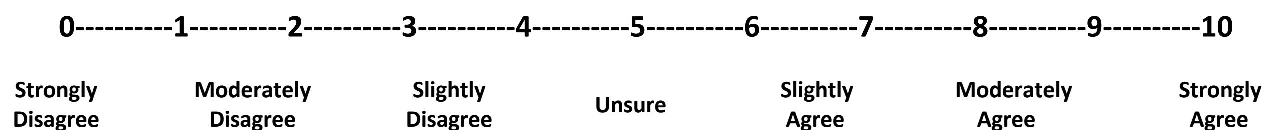
Indicate if you have ever had any of the following experiences either during or between alcohol use by reading the questions and marking ☒ either Yes or No.

	Yes	No
A) Restlessness?	☐	☐
B) Nervousness or anxiety?	☐	☐
C) Irritability, mood swings, agitation, or aggression?	☐	☐
D) Changes in appetite?	☐	☐
E) Trouble concentrating or remembering things?	☐	☐
F) Sleep disturbances (e.g. sleeping too much or too little)?	☐	☐
G) Fatigue or drowsiness?	☐	☐
H) Depressed mood, hopelessness, or despair?	☐	☐
I) Suicidal thoughts?	☐	☐
J) Difficulty speaking or slurred speech?	☐	☐
K) Lack of coordination, unsteadiness, or difficulty controlling movements?	☐	☐
L) Tremors, shakiness, or other abnormal movements?	☐	☐
M) Excessive sweating?	☐	☐
N) Intense urges to drink alcohol?	☐	☐
O) Persistent thoughts about alcohol use?	☐	☐
P) Increased heart rate or blood pressure?	☐	☐
Q) Nausea, vomiting, or diarrhea?	☐	☐
R) Seizures?	☐	☐
S) Black-outs (i.e. memory loss for events occurring during a night of alcohol use)?	☐	☐
T) Extreme confusion, hearing voices or visual hallucinations?	☐	☐
U) Other: ______________________________	☐	☐

☐ If '**No**' to ALL of the above, please go to the next page.

☐ If '**Yes**' to any of the above, indicate the extent to which you agree or disagree at the present moment with the following statement by circling the appropriate number, keeping in mind your experiences.

1) My experiences are due to my drinking.



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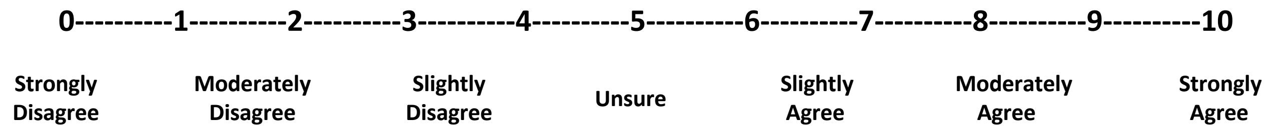
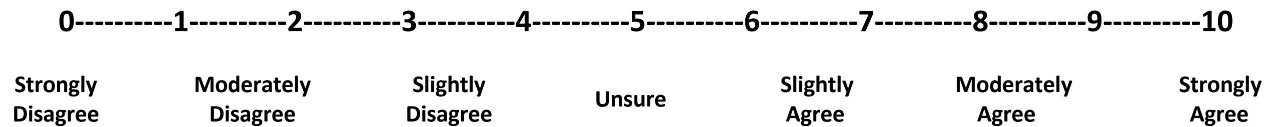
Please indicate the extent to which you agree or disagree at the present moment with each of the following statements by circling the appropriate number.

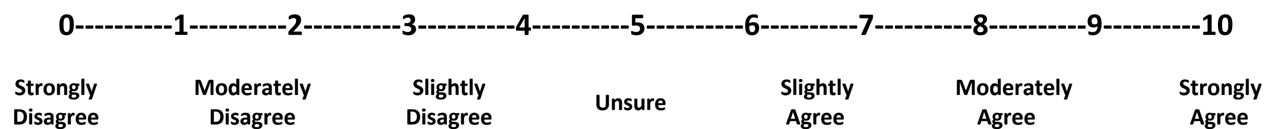
2) I have a drinking problem.



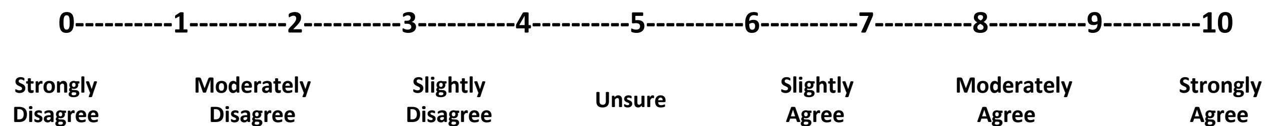
3) I NEED help for my drinking.



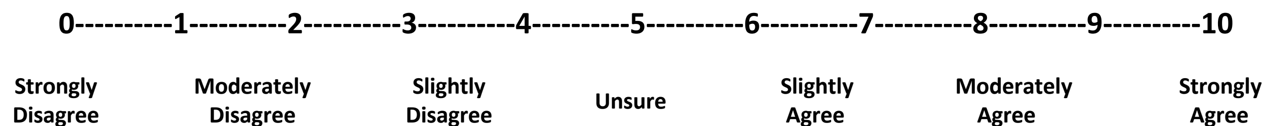
4) I always drink responsibly.



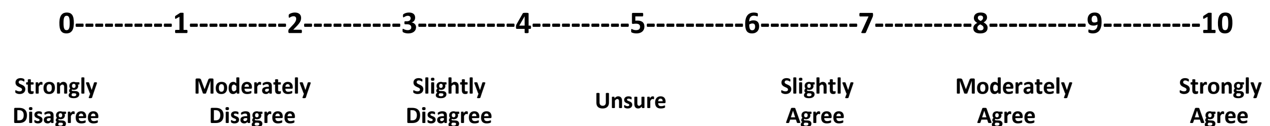
5) I can safely continue my current drinking habits.



6) My drinking has led or can lead to negative consequences in my life (e.g. addiction, health, work, family, social, financial or legal issues).



7) I NEED treatment for my drinking.



THE END

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