



## IS YOUR RELATIONSHIP WITH ALCOHOL HEALTHY?

### A Self-Assessment Checklist

This checklist will help you honestly evaluate your relationship with alcohol. There are no 'right' or 'wrong' answers—just honest ones. Your responses are for your eyes only.

Read each statement and tick the box if it applies to you. Be as honest as possible. The more truthful you are, the more useful this assessment will be.

#### PART 1 : YOUR DRINKING PATTERNS

- ☐ I drink alcohol more than 4 days per week
- ☐ I regularly drink more than I intended to
- ☐ I've increased how much I drink over the past year
- ☐ I drink alone regularly, not just socially
- ☐ I have a drink first thing in the morning or during the day
- ☐ I drink to get through difficult days or situations
- ☐ I find it hard to stop at one or two drinks
- ☐ I need more alcohol now to feel the same effects

#### PART 3 : BEHAVIOUR & LIFESTYLE IMPACT

- ☐ I've neglected hobbies or activities I used to enjoy
- ☐ I've hidden how much I drink from others
- ☐ I've lied about or downplayed my drinking
- ☐ I've missed work or important commitments due to drinking
- ☐ I've had blackouts or memory gaps from drinking
- ☐ I've regretted things I've said or done while drinking
- ☐ I prioritise drinking over other responsibilities
- ☐ I buy alcohol from different shops to hide how much I'm purchasing

#### PART 2 : EMOTIONAL & MENTAL HEALTH

- ☐ I feel anxious or uncomfortable if alcohol isn't available
- ☐ I rely on alcohol to relax or unwind
- ☐ I use alcohol to help me sleep
- ☐ I drink to cope with stress, anxiety, or difficult emotions
- ☐ I feel guilty or ashamed about my drinking
- ☐ I experience 'hangxiety' (anxiety the day after drinking)
- ☐ I think about drinking frequently throughout the day
- ☐ I get defensive when someone mentions my drinking

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### PART 4 : PHYSICAL HEALTH SIGNS

- ☐ I experience shaking or tremors when I haven't had a drink
- ☐ I have trouble sleeping (despite thinking alcohol helps)
- ☐ I've noticed changes in my weight or appetite
- ☐ I experience frequent headaches or stomach problems
- ☐ My doctor has expressed concern about my drinking
- ☐ I've had injuries or accidents related to drinking
- ☐ I experience sweating or rapid heartbeat without alcohol
- ☐ My overall health has declined

## Understanding Your Results

Count how many boxes you ticked:

Total boxes ticked: \_\_\_\_\_

### PART 5 : RELATIONSHIPS & SOCIAL LIFE

- ☐ My drinking has caused arguments with family or friends
- ☐ People close to me have expressed concern about my drinking
- ☐ I avoid social situations where alcohol won't be available
- ☐ My relationships have suffered because of my drinking
- ☐ I choose activities based on whether alcohol will be involved
- ☐ I've lost friendships or damaged relationships due to drinking
- ☐ I feel isolated or lonely
- ☐ Family members are worried about me

### PART 6 : YOUR ATTEMPTS TO CHANGE

- ☐ I've tried to cut back on drinking but couldn't
- ☐ I've made rules about my drinking (and broken them)
- ☐ I've promised myself or others I'll drink less
- ☐ I've hidden my drinking from healthcare providers
- ☐ I've researched whether I have a drinking problem
- ☐ I've felt like I should cut down but haven't
- ☐ I've switched types of alcohol thinking it would help
- ☐ I've had periods of not drinking, then gone back to old patterns



## A Self-Assessment Checklist

### IMPORTANT

This checklist is not a clinical diagnosis. It's a tool for self-reflection. If you're concerned about your drinking, please speak with your GP or contact the National Alcohol & Other Drug Hotline at 1800 250 015.

### Understanding Your Results

#### SCORE RANGE

#### INTERPRETATION

##### 0-3 ticks

##### Low Risk:

Your drinking appears to be within healthy limits. Continue being mindful.

##### 4-10 ticks

##### Grey Area:

Your drinking may be impacting your life. Consider cutting back or seeking support.

##### 11-20 ticks

##### Concerning:

Your relationship with alcohol needs attention. Professional support recommended.

##### 21+ ticks

##### High Risk:

Your drinking is significantly impacting your life. Seek professional help immediately.

### Your Next Steps

**Regardless of your score, if you're concerned about your drinking, you're already showing awareness—and that's the first step toward change.**

- **Talk to your GP** – They can assess your situation and recommend appropriate support.
- **Contact the helpline** – Call 1800 250 015 for confidential advice (24/7).
- **Try a break** – Go alcohol-free for a week and notice how you feel.
- **Track your drinking** – Write down every drink for one week to see your actual consumption.
- **Explore hypnotherapy** – Address the subconscious patterns driving your drinking.
- **Join a support group** – Alcoholics Anonymous and other groups offer peer support.
- **Be kind to yourself** – Change is a process. Every step forward matters.

You don't have to do this alone.

If you're ready to explore how hypnotherapy can help you change your relationship with alcohol, we offer