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|  | 0=No 1=Yes |
| 1. In the **past 12 months**, have you had 3 or more alcoholic drinks within a 3 hour period on 3 or more occasions?If yes to continue to #2 |  0 1 |
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| 2. In the past 12 months:a. During the times when you drank alcohol, did you end up drinking more than you planned when you started? |   0 1 |
| b. Have you tried to reduce or stop drinking alcohol but failed? |  0 1 |
| c. On days that you drank, did you spend substantial time in obtaining alcohol, drinking, or in recovering from the effects of alcohol? |  0 1 |
| b. Did you crave alcohol or have a strong desire or urge to drink? |  0 1 |
| c. Did you spend less time working, enjoying hobbies, or being with others because of your drinking? |  0 1 |
| d. Have you continued to drink even though you knew that drinking caused you health or mental health problems? |  0 1 |
| e. Did you continue to drink even though your drinking caused problems with your family or other people? |  0 1 |
| f. Have you been intoxicated, high, or hungover more than once when you had other responsibilities at school, work, or at home? Did this cause any problems? (circle yes only if it caused a problem). |  0 1 |
| g. Were you intoxicated in any situation where you were physically at risk (for example, driving a car, riding a motorbike, using machinery, boating, etc.)? | 0 1 |
| h. Did you need to drink more in order to get the same effect you got when you first started drinking? | 0 1 |
| i. When you cut down on drinking did your hands shake, did you sweat or feel agitated? If you never cut down then circle No. | 0 1 |
| j. Did you drink to avoid the “shakes”, sweating, or agitation, or to avoid being hungover? | 0 1 |
| k. Did you have legal problems more than once because of your drinking, for example, an arrest or disorderly conduct? | 0 1 |