

Name \_\_\_\_\_

Date \_\_\_\_\_

### Problematic Experiences Regarding Alcohol and Drug Use

Please answer the following as honestly as you can; remember that this information is confidential and will not be released to anyone without your permission.

<b>How many times in the last 3 months has the following happened to you because of your alcohol, marijuana or other drug use?</b>	<b>Never</b>	1-2 times	3-5 times	6-9 times	10+ times
Been arrested for DWI/DUI					
Been in trouble with police, residence hall, or other college authorities					
Damages property, pulled fire alarms, etc.					
Driven a car while under the influence					
Got into an argument or a fight					
Seriously thought about suicide					
Been hurt or injured					
Been taken advantage of sexually					
Taken advantage of someone else sexually					
Hurt someone's feelings					
Tried unsuccessfully to stop using alcohol or another drug					
Through you might have a drinking or drug problem					
Missed a class					
Performed poorly on a test or important project					
Failed a class or did worse than you should have					
Felt or thought that alcohol or other drugs might be holding you back					
Said or did something you later regretted					
Been criticized by someone you know					
Had memory loss					
Got nauseated or vomited					
Had a hangover					
Passed out					