Dr Marti Fausold-Mowers Severity of Alcohol Dependence Questionnaire (SADQ-C)

NAME		
DATE of BIRTH		
To Day's DATE		
10 Duy 5 Diffe		
Please recall a typical	period of heavy drinking in the last 6 months	
When was this?		
	owing questions about your drinking and select the m	
	1-12 – The day after drinking alcohol	Select Response
1. I woke up feeling s	-	
2. My hands shook first thing in the morning.		
3. My whole body shook violently first thing in the morning if I did not		
have a drink 4. I woke up absolute	ly drenched in sweet	
5. I dread waking up i		
6. I was frightened of meeting people first thing in the morning		
7. I felt at the edge of despair when I awoke		
8. I felt very frightened when I awoke		
9. I liked to have an alcoholic drink in the morning		
10. I always gulped my first few alcoholic drinks down as quickly as		
possible		
1	hol to get rid of the shakes.	
12. I had a strong crav	ving for a drink when I awoke	
	Questions 13-16	Select Response
13. I drank more than a quarter of a bottle of spirits in a day (OR 1 bottle		
of wine OR 7 beers)		
14. I drank more than wine OR 15 beers)	a half of a bottle of spirits in a day (OR 2 bottles of	
	one bottle of spirits in a day (OR 4 bottles of wine	
OR 30 beers)	one bothe of spirits in a day (ore + bothes of white	
16. I drank more than two bottles of spirits in a day (OR 8 bottles of wine		
OR 60 beers)		
	17-20 – Imagine the following situation:	Select Response
	have been completely off drink fo a few weeks	
17. I would start to sv	then drink very heavily for two days	
18. My hands would shake 19. My body would shake		
20. I would be craving a drink		
20. I would be craving	з а шшк	

1