

FOR OFFICE USE ONLY	
_____	Study
_____	ID
_____	Point
_____	Date
_____	Raid
SOCOAS- Revised 8/94 2 Pages	

Personal Drinking Questionnaire (SOCRATES 7AS)

INSTRUCTIONS: Please read the following statements carefully. Each one describes a way that you might (or might not) feel about your drinking. For each statement, circle one number from 1 to 5, to indicate how much you agree or disagree with it right now. Please circle one and only one number for every statement.

	Strongly Disagree	Disagree	Undecided or Unsure	Agree	Strongly Agree
1. I really want to make changes in my drinking.	1	2	3	4	5
2. Sometimes I wonder if I am an alcoholic.	1	2	3	4	5
3. If I don't change my drinking soon, my problems are going to get worse.	1	2	3	4	5
4. I have already started making some changes in my drinking.	1	2	3	4	5
5. I was drinking too much at one time, but I've managed to change my drinking.	1	2	3	4	5
6. The only reason I'm here is that somebody made me come.	1	2	3	4	5
7. Sometimes I wonder if my drinking is hurting other people.	1	2	3	4	5
8. I am a problem drinker.	1	2	3	4	5
9. I'm not just thinking about changing my drinking, I'm already doing something about it.	1	2	3	4	5
10. I have already changed my drinking, and I am looking for ways to keep from slipping back to my old pattern.	1	2	3	4	5
11. I have serious problems with drinking.	1	2	3	4	5

12. Sometimes I wonder if I am in control of my drinking.	1	2	3	4	5
13. My drinking is causing a lot of harm.	1	2	3	4	5
14. I am actively doing things now to cut down or stop drinking.	1	2	3	4	5
15. I want help to keep from going back to the drinking problems that I had before.	1	2	3	4	5
16. I know that I have a drinking problem.	1	2	3	4	5
17. There are times when I wonder if I drink too much.	1	2	3	4	5
18. I am an alcoholic.	1	2	3	4	5
19. I am working hard to change my drinking.	1	2	3	4	5
20. I have made some changes in my drinking, and I want some help to keep from going back to the way I used to drink.	1	2	3	4	5

SOCRATES Scoring Form - All 20-Item Versions (7AS and 7DS)

Transfer the client's answers from questionnaire (see note below):

P Scale	C Scale	D Scale	A Scale	M Scale
1* _____	2 _____	3 _____	4 _____	5 _____
6 _____	7 _____	8 _____	9 _____	10 _____
11* _____	12 _____	13 _____	14 _____	15 _____
16* _____	17 _____	18 _____	19 _____	20 _____

TOTALS **P** _____ **C** _____ **D** _____ **A** _____ **M** _____

Possible score range = 4 - 20 on each of the five scales

IMPORTANT SCORING NOTE

For items 1, 11, and 16 (all marked with *) reverse the direction of scoring before recording the raw score.

If the client circled:	You record above:
5	1
4	2
3	3
2	4
1	5

For all other items (not marked with *) simply transfer the answer that the client circled.
