THE KEYS PROJECT

The KEYS Project
124 City Road, London, EC1V 2NX
UK Registered Charity No: 1154263

0800 634 9638
info@thekeysproject.org
thekeysproject.org

Severity of Alcohol Dependency Questionnaire (SADQ)

Name:	
Date:	
Date of Birth:	

Part 1: Please recall a typical period of heavy drinking in the last 6 months.

When was this? Month: _____ Year: _____

Please answer all the following questions about your drinking: circle the number to indicate your most appropriate response.

During that period of heavy drinking:	**ALMOST NEVER**	**SOME-TIMES**	**OFTEN**	**NEARLY ALWAYS**	**Office Use**
1. The day after drinking alcohol, I woke up feeling sweaty	0	1	2	3	PW
2. The day after drinking alcohol, my hands shook first thing in the morning	0	1	2	3	PW
3. The day after drinking alcohol, my whole body shook violently first thing in the morning if I didn't have a drink	0	1	2	3	PW
4. The day after drinking alcohol, I woke up absolutely drenched in sweat	0	1	2	3	PW
5. The day after drinking, I dreaded waking up in the morning	0	1	2	3	AW
6. The day after drinking, I was frightened of meeting people first thing in the morning	0	1	2	3	AW
7. The day after drinking alcohol, I felt at the edge of despair when I awoke	0	1	2	3	AW
8. The day after drinking, I felt very frightened when I awoke	0	1	2	3	AW
9. The day after drinking, I liked to have an alcoholic drink in the morning	0	1	2	3	WRD
10. The day after drinking, I always gulped my first few alcoholic drinks down as quickly as possible	0	1	2	3	WRD
11. The day after drinking, I drank more alcohol to get rid of the shakes	0	1	2	3	WRD
12. The day after drinking, I had a very strong craving for a drink when I awoke	0	1	2	3	WRD
13. I drank more than a quarter of a bottle of spirits in a day (OR 1 bottle of wine OR 8 units of beers)	0	1	2	3	LAC
14. I drank more than half a bottle of spirits per day (OR 1.5 bottles of wine OR 15 units of beer)	0	1	2	3	LAC
15. I drank more than one bottle of spirits per day (OR 3 bottles of wine OR 30 units of beer)	0	1	2	3	LAC
16. I drank more than two bottles of spirits per day (OR 6 bottles of wine OR 60 units of beer)	0	1	2	3	LAC
				TOTAL SCORE (Q1-16):	

Part 2: Imagine the following situation:

1. You have been **completely off drink for a few weeks**
2. You then drink **very heavily for two days**

How would you feel **the morning after** those two days of drinking?

	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A LOT	Office Use
17. I would start to sweat	0	1	2	3	RIOWS
18. My hands would shake	0	1	2	3	RIOWS
19. My body would shake	0	1	2	3	RIOWS
20. I would be craving a drink	0	1	2	3	RIOWS

Q1-4 (PW): ☐ Q5-8 (AW): ☐ Q9-12 (WRD): ☐ Q13-16 (LAC): ☐ Q17-20 (RIOWS): ☐ **TOTAL SCORE (Q1-20):** ☐

Interpretation of score:
0-3 no dependence;
4-15 mild;
16 -30 moderate;
31-44 severe;
45+ very severe alcohol dependence