

Zimmer Success Group
Confidential Alcohol Abuse Questionnaire

Karl@Z-Success.com

Phone: 317-837-6060

Fax: 317-614-7627

1A. Your success is our #1 priority. Help us to help you attain that success by filling out this questionnaire.

Full Name: _____

Address : _____

Tel. Home: _____ **Work:** _____ **Mobile:** _____

E-Mail Address: _____

DOB: ___/___/___ **Sex:** M / F **Marital Status:** ___ (M/D/S/W) **Spouse's name:** _____

Children: Y / N **Name(s):** _____ **Age(s):** _____

Are you currently taking any medication? (Please list)

Are you currently under the care of a Doctor? ___ Yes ___ No

Did your Doctor recommend you stop smoking or drinking? ___ Smoking ___ Drinking

Doctor's Name, Address and Phone # _____

It is standard procedure for us to notify your Doctor about this program.

Do we have your permission to do so? ___ Yes ___ No

How many drinks do you have each day? _____ **Each week?** _____

How many times have you tried to stop drinking? _____

What is your drink of choice? _____

When did you start drinking or abusing (date or age)? _____

Why did you start drinking? _____

What method(s) (if any) have you used to try to stop drinking before? _____

What is your profession? _____

What is your favorite vacation destination? _____

Who referred you, or how did you hear about us at Z-Success? _____

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1B. Please circle or highlight your selection after each question.

1. How soon after waking do you have your first drink?

3 Before lunch

2 At lunch

1 Only with or after dinner

2. Do you find it difficult to abstain from drinking in places where it is forbidden e.g., family restaurants, fast food restaurants, place of employment, etc?

1 Yes

0 No

3. Which drink would you hate to give up?

1 The very first one of the day *or* the very last one before bed

2 The very first one in the morning *and* the very last one before bed

0 None, I'm ready to stop

4. How many drinks a day do you have?

0 1

1 2 - 3

2 more than 3

3 until I'm drunk or passed out

5. Do you drink more in the morning than in the evening?

1 No

2 Yes

6. Do you drink even when (if) you are sick in bed for most of the day?

2 Yes

1 No

Total Score: _____

Score:

**0-2 = very low dependence; 3-4 = low dependence; 5 = medium dependence;
6-7 = high dependence; 8+ = very high dependence.**

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1C. Below each question, please check off those that apply.

1. Do you experience any of the following when you try to quit drinking?

<input type="checkbox"/> Dejected	<input type="checkbox"/> Unable to sleep	<input type="checkbox"/> Anxious
<input type="checkbox"/> Depressed	<input type="checkbox"/> Irritable	<input type="checkbox"/> Unable to concentrate
<input type="checkbox"/> Restless	<input type="checkbox"/> Appetite changes	<input type="checkbox"/> Dizziness/Headache
<input type="checkbox"/> Excessive Sweating	<input type="checkbox"/> Other	

2. Do you want to stop drinking for *Completely* and/or *For Good*? (Circle what applies to you)

3. When do you want to stop drinking? _____

4. Do you live with someone who drinks? Yes No

5. Do you work with people who drink? Yes No

6. Do you have close friends who drink? Yes No

7. Why do you want to stop drinking?

7. Why do you drink?

8. What is your main concern about quitting?

<input type="checkbox"/> Dealing with stress	<input type="checkbox"/> Loss of enjoyment	<input type="checkbox"/> Fear of failing
<input type="checkbox"/> Cravings	<input type="checkbox"/> Weight gain	<input type="checkbox"/> Other (list below)

Please continue on next page...

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1D. Please answer “Yes” or “No” to the following:

1. I want to reduce my risk of serious disease, (e.g., hypertension, heart disease, etc.).

_____ Yes _____ No

2. I want to improve my present level of health.

_____ Yes _____ No

3. I want to reduce the negative effects my drinking has on those I care about.

_____ Yes _____ No

4. I want to be a better example to my children and/or others.

_____ Yes _____ No

5. I want the people I care about to worry less about my health.

_____ Yes _____ No

6. I want to stop feeling bad or guilty about the fact that I drink.

_____ Yes _____ No

7. I want to improve my endurance and stamina.

_____ Yes _____ No

8. I want to experience the satisfaction of having quit.

_____ Yes _____ No

9. I want to stop having to deal with the inconvenience of drinking and the stigma.

_____ Yes _____ No

10. I want to be able to deal with stress without drinking.

_____ Yes _____ No

11. I want to avoid the regret of getting seriously ill because of my drinking.

_____ Yes _____ No

12. I want to be able to relax and socialize without drinking, especially in excess.

_____ Yes _____ No

Please continue on next page – almost finished.

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1E. If the hypnotist agrees to work with you, you will be required to agree to the following by signing below. Hypnotism is most successful when the client is committed to following the appropriate instructions and suggestions of the hypnotist. It is, therefore, important for you to carefully consider and agree to each of the following:

1. The hypnotist is responsible for giving instructions that are appropriate for me. I understand that I am responsible for following those instructions and therefore, for my success.

2. I agree to follow the instructions and suggestions of the hypnotist.

3. I agree to pay Zimmer Success Group for their service in accordance to their policies, and I understand that Zimmer Success Group may withhold service should my account not be up-to-date.

4. I understand that it is important for my success to follow the program designed for me by Zimmer Success Group. I agree to keep my scheduled appointments and will call to cancel with greater than 24 hours notice (if at all possible). I understand that if I do not provide greater than 24 hours notice, Zimmer Success Group may charge a cancellation fee of 50% of the session fee, not to exceed \$100.

5. I understand that I may discontinue working with Zimmer Success Group at any time, for whatever reason. If I terminate my relationship with Zimmer Success Group, I will not be required to pay any balance owing for future sessions as long as my account is up-to-date.

6. I understand that Zimmer Success Group guarantees their service and that there is no "money-back" guarantee.

7. I understand that Zimmer Success Group is dedicated to my success and will continue to work with me until I am fully satisfied.

By signing below, you agree to all the terms and conditions stated.

I hereby affirm that I have read and understand this agreement. By signing below, I am acknowledging my agreement with each of the above statements. I also affirm that I have answered all questions truthfully and completely.

Signed: _____ Date: _____

Return completed form via email, fax, or send to:
Karl Zimmer III, CH
Zimmer Success Group
2680 East Main Street, Suite 210
Plainfield, IN 46168