



**Severity of ALCOHOL Dependence Questionnaire  
(SADQ-C)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date: \_\_\_\_\_

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 by ticking your most appropriate response.

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

**Imagine the following situation:**

1. You have been **completely off drink for a few weeks**
2. You then drink **very heavily for two days**
3. How would you feel the **morning after** those two days of drinking?

During that period of heavy drinking	NOT AT ALL	SLIGHTLY	MODE-RATELY	QUITE A LOT
17. I would start to sweat.				
18. My hands would shake.				
19. My body would shake.				
20. I would be craving for a drink.				

Score: \_\_\_\_\_

Checked by: \_\_\_\_\_

Alcohol Detox Prescribed: Yes  No

**NOTES ON THE USE OF THE SADQ**

The Severity of Alcohol Dependence Questionnaire was developed by the Addiction Research Unit at the Maudsley Hospital. It is a measure of the severity of dependence. The AUDIT questionnaire, by contrast, is used to assess whether or not there is a problem with dependence. The SADQ questions cover the following aspects of dependency syndrome :

- Physical withdrawal symptoms
- Affective withdrawal symptoms
- Relief drinking
- Frequency of alcohol consumption
- Speed of onset of withdrawal symptoms

Scoring Answers to each question are rated on a four-point scale:

Question 1-16	Questions 17-20	Points
ALMOST NEVER	NOT AT ALL	0
SOMETIMES	SLIGHTLY	1
OFTEN	MODERATELY	2
NEARLY ALWAYS	QUITE A LOT	3

Score	Indication
0-15	Mild physical dependency
16-30	Moderate dependence
31+	Severe alcohol dependence

- A chlordiazepoxide detoxification regime is usually indicated for someone who scores 16 or over
- It is essential to take account of the amount of alcohol that the patient reports drinking prior to admission as well as the result of the SADQ
- There is no correlation between the SADQ and such parameters as the MCV or GGT