
Three Safety Questions

Answer these before changing how you drink (Chapter 1), and again before each 30-day experiment (Chapter 11). Tick any “yes,” even if only sometimes.

Date: _____

- ☐ Do you ever need a drink in the morning, to feel steady or to calm shakiness or anxiety?
- ☐ When you go a few hours without a drink, or when you stop, do you get shaky hands, sweating, nausea, a racing heart or restlessness?
- ☐ Have you ever had a seizure, seen or heard things that weren't there, or been badly confused when you stopped drinking?

If you ticked any box: don't stop suddenly on your own. See a doctor first, and take the card on a later page (Chapter 8).

If you ticked none, check three more things before going it alone:

- ☐ I am pregnant or trying to conceive.
- ☐ I have liver disease, heart disease, or have had seizures for another reason.
- ☐ I take sleeping pills, sedatives, strong painkillers, or a medicine my pharmacist said not to mix with alcohol.

If you ticked anything in this part, talk to a doctor first (Chapters 4, 7).