

PROGRESS CHART

Date		Points (+/-)		Score

ADDICTIONS & CONDITIONS PROGRAM 100-POINT CHECKLIST

#	SECTIONS									
	A	B	C	D	E	F	G	H	I	J
10										
9										
8										
7										
6										
5										
4										
3										
2										
1										

GIVE YOURSELF CREDIT AS YOU GET POINTS FROM THE 100-POINT PROGRAM. FILL IN COLUMNS FROM THE BOTTOM UP.

Addictions & Conditions Program

VERSION 4, 9/01

Hey, we're all grabbed by something!

This 100-question test lets you know

how much or little addicted you are.

- Love & Relationship addiction
- Sex addiction
- Codependency condition
- Adrenaline addiction
- Food & Eating addiction
- Alcohol & Drug addiction
- Attachment conditions
- Victim & Sabotage condition
- Adult Child condition
- Debt, Money & Spending addiction

Instructions for this program are on the last page.

Developed by the staff, trainers and participants of

COACH U, INC.



A. LOVE & RELATIONSHIPS

- Do you feel incomplete, not really yourself, unless you are in love or have a spouse or partner?
- Do you find that you have a pattern of repeating bad relationships?
- Do you get "high" from romance? And then crash?
- Do you find yourself unable to stop seeing a specific person, even though you know that seeing this person is destructive to you?
- Do you feel that life has little meaning unless you have a lover, partner or spouse with whom to share?
- Are you unable to concentrate on other areas of your life because of thoughts or feelings that you are having about another person?
- Do you find the pain in your life increasing, no matter what you do? Are you afraid that deep down you are unacceptable?
- Do you feel that your romantic life affects your spiritual life in a negative way?
- Have you ever thought that there might be more you could do with your life if you were not so driven by romantic pursuits?
- Do you wish you could stop or control your romantic activities for a given period of time? Have you ever wished you could be less emotionally dependent?

_____ **Number of boxes checked (10 max)**

B. SEX

- Do you have sex at inappropriate times, in appropriate places and/or with the wrong people?
- Do you make promises to yourself or rules for yourself concerning your sexual behavior that you find you cannot follow?
- Have you lost count of the number of sexual partners you've had in the past 3 years?
- Do you have sex regardless of the consequences (e.g. the threat of being caught, the risk of contracting herpes, gonorrhea, AIDS, etc.)?
- Do you feel uncomfortable about your masturbation, the fantasies you engage in, the props you use, and/or the places in which you do it?
- Are you jaded? Are you on the path to be?

- Do you feel that your life is unmanageable because of your sexual behavior?
- Do you feel that your sexual life affects your spiritual life in a negative way?
- Do you have sex as a way to deal with or escape from life's problems? Do you feel entitled to sex? Do you feel as though you have earned sex?
- Have you had a serious relationship threatened or destroyed because of outside sexual activity on your part?

_____ **Number of boxes checked (10 max)**

C. CO-DEPENDENCY

- Are your actions guided by how you think the other person will react or respond?
- Do you tend to help others out, even if it means that you suffer or lose out?
- Do you censor or hold back from telling the truth to protect yours or other's feelings?
- Do you find yourself covering for another person's behavior?
- Do you spend a great deal of time talking about - and being too concerned with - other people's behavior, problems or future?
- Is the quality of your life in direct relation to the quality of someone else's great life?
- Are you not very aware of how you feel? But very aware of how others are feeling?
- Do you know that you must be someone distinct, but find it to be very difficult to fully articulate who you really are?
- Has your social circle diminished significantly since becoming involved with a partner, spouse or child?
- Things must be "just so".

_____ **Number of boxes checked (10 max)**

D. ADRENALINE

- Do you drink coffee with caffeine?
- Do you smoke cigarettes to calm yourself down?
- Do you get grabbed by surprises or disturbances and then not calm down for a day or more?
- Do you drive faster than the speed limit?
- Do you run late?
- Do you feel that inner rush much of the time?

- Are you in sales and not winning easily?
- Do you find that you attract more problems and disturbances than you feel you deserve?
- Is money tight?
- Is it hard to focus for more than 10 minutes on a single thing or conversation?

____ **Number of boxes checked (10 max)**

E. FOOD & EATING

- Do you binge (eat a whole cake, gorge, keep eating far after you are full)?
- When you get disturbed, do you eat?
- Do you eat sugar (cakes, candy bars) more than 4 times per week?
- Are you embarrassed or nervous when you buy junk food?
- Do you often think about food or your next meal?
- Are you always munching on something?
- Do you eat in bed at night?
- Do you avoid situations in which your food of choice may not be readily available?
- Are you anorexic or bulimic?
- Do you hide food?

____ **Number of boxes checked (10 max)**

F. ALCOHOL & DRUGS

- Do you often drink alone?
- Do you drink too much?
- Do you hide your bottles or sneak drinks?
- Have you ever been arrested for drunk driving?
- Are you late to or absent from work because of drinking or hangovers?
- After your first drink of the evening, do you usually have at least two more?
- Do you forget what happened the night before when you were drinking?
- Do you drink rapidly or gulp?
- Do you go only to places or parties where you know there will be alcohol or be with only those people you like to drink?
- Do you find yourself not getting what you want in life? And wondering why?

____ **Number of boxes checked (10 max)**

G. ATTACHMENTS

- Do you watch more than 10 hours of TV/videos per week?
- Do you smoke more than 5 cigarettes per week?
- Do you talk a lot?
- Do you have more than 1 caffeinated beverage per day?
- Do you critique your appearance in the mirror more than 4 times per day?
- Do you gamble more than once per month or lose more than 10% of your take-home pay per month?

- Do you "go shopping" more than once a week?
- Do you work more than 40 hours per week?
- Do you talk mostly about yourself?
- Do you need something to hope for to make today livable?

____ **Number of boxes checked (10 max)**

H. VICTIM & SABOTAGE

- Do you overpromise, because you feel you have to get the person's love or approval?
- Do you wait for the small stuff to get big before you bring it up or handle it?
- Do you usually stop just 10% this side of success?
- Is it very hard for you to accept the gifts and help of others?
- Do you ask a lot of questions and need to understand?
- Do you let people walk all over you?
- Do you tend to explain your actions and theirs?
- Are you not good enough?
- When things are going well, do you throw in a monkey wrench, although you don't think it is one at the time?
- Are you uncomfortable being around truly successful people?

____ **Number of boxes checked (10 max)**

I. ADULT CHILD SYNDROME

- Do you long to be like others, but don't know how you ever will be?
- Are you afraid of people, particularly authority figures?
- Do you try so hard that you often lose, or try so little that you never live life at all?
- Do you hope for the best, expect the worst and rarely enjoy the moment?
- When you are unhappy, are you terribly afraid to say so for fear that someone will find out that you are human?
- Do you feel less than some and better than others, but rarely feel like you belong?
- Are you stuck in a life that your heart did not choose?
- Are you rarely satisfied?
- Are you embarrassed about your body?
- Do you sacrifice your dignity for false security?

_____ **Number of boxes checked (10 max)**

J. DEBT, MONEY & SPENDING

- Do this month's bills come in before you've paid last month's bills?
- Do you have a stack of unopened bills/notices?
- Are you frequently short a few dollars and borrow from friends or write checks for very small amounts?
- Do you feel inordinately good when you pay routine bills like phone or rent, and on time?
- When your paycheck, commission check or loan money comes in, do you experience a great sense of relief?
- Do you have little or no savings, investment or assets, nothing immediately available for contingencies?
- Do you bounce more than 2 checks per year?
- When money is tight, is there always someone you keep turning to who won't let you starve?
- Do your credit card balances run near the maximum credit line?
- Are you reticent to discuss the subject of money and walk away from social conversations about it?

_____ **Number of boxes checked (10 max)**

Instructions

There are 4 steps to completing the **Addictions & Conditions™** Program.

Step 1: Answer each question. If true, do nothing. If not true, check the square. Be rigorous; be a hard grader.

Step 2: Summarize each section. Add up the number of checked boxes for each of the 10 sections and write those amounts where indicated. Then add up all 10 sections and write the current total in the box on the front of this form.

Step 3: Color in the Progress Chart on the front page. If you have 5 checks in the Debt section, color in the bottom 5 boxes, and so on. Always start from the bottom up. The goal is to have the entire chart filled in. This will indicate that you are addiction and conditions free! In the meantime, you have a current picture of how you are doing in each of the 10 areas.

Step 4: Keep playing until all boxes are filled in. This process may take 30 or 360 days, but you can do it!! Use your therapist to assist you. And check back once a year for maintenance.

PLEASE NOTE: THIS TEST IS A TOOL TO HELP YOU GET TO KNOW YOURSELF BETTER. WE STRONGLY SUGGEST THAT YOU WORK WITH A LICENSED THERAPIST IF YOU SEE THAT YOU MAY HAVE A PROBLEM IN ANY OF THESE 10 AREAS. A COACH IS NOT A THERAPIST.

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