

# ALCOHOL SCREENING

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

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

The guide above contains examples of one standard drink.

## Introduction

Because alcohol use can affect health and interfere with certain medications and treatments, it is important that we ask you some questions about your use of alcohol. Your answers will remain confidential, so please be as accurate as possible. Try to answer the questions in terms of 'standard drinks'. Please ask for clarification if required.

## AUDIT Questions

Please check the response that best fits your drinking.

	<i>Never</i>	<i>Monthly or less</i>	<i>2-4 times a month</i>	<i>2-3 times a week</i>	<i>4 or more times a week</i>
1. How often do you have a drink containing alcohol?	▼ Go to Qs 9 & 10				
2. How many standard drinks do you have on a typical day when you are drinking?	<i>1 or 2</i>	<i>3 or 4</i>	<i>5 or 6</i>	<i>7 to 9</i>	<i>10 or more</i>
3. How often do you have six or more standard drinks on one occasion?	<i>Never</i>	<i>Less than monthly</i>	<i>Monthly</i>	<i>Weekly</i>	<i>Daily or almost daily</i>
4. How often during the last year have you found that you were not able to stop drinking once you had started?					
5. How often during the last year have you failed to do what was normally expected of you because of drinking?					
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?					
7. How often during the last year have you had a feeling of guilt or remorse after drinking?					
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?					
9. Have you or someone else been injured because of your drinking?	<i>No</i>	<i>Yes, but not in the last year</i>	<i>Yes, during the last year</i>		
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?					

Score	Sub totals
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<b>TOTAL</b>	<input style="width: 100%;" type="text"/>

Supplementary Questions	<i>No</i>	<i>Probably Not</i>	<i>Unsure</i>	<i>Possibly</i>	<i>Definitely</i>
Do you think you presently have a problem with drinking?					
In the next 3 months, how difficult would you find it to cut down or stop drinking?	<i>Very easy</i>	<i>Fairly easy</i>	<i>Neither difficult nor easy</i>	<i>Fairly difficult</i>	<i>Very difficult</i>

## SCORING

### Question 1 as follows:

Never	-	0 points
Monthly or less	-	1 point
2-4 times a month	-	2 points
2-3 times a week	-	3 points
4 or more times a week	-	4 points

### Question 2 as follows:

1 or 2	-	0 points
3 or 4	-	1 point
5 or 6	-	2 points
7 to 9	-	3 points
10 or more	-	4 points

### Questions 3 to 8 as follows:

Never	-	0 points
Less than monthly	-	1 point
Monthly	-	2 points
Weekly	-	3 points
Daily or almost daily	-	4 points

### Questions 9 & 10 as follows:

No	-	0 points
Yes, but not in the last year	-	2 points
Yes, in the last year	-	4 points

The maximum score is 16. A total score of 3 indicates hazardous drinking.

If a person answer "never" on the first question, he or she is not a hazardous drinker and the remaining questions are not necessary.

If a person answers "weekly" or "daily or almost daily" on the first question, he or she is considered a hazardous drinker and the rest of the questions are skipped.

If a person answers "monthly" or "less than monthly" to the first question, the other three questions are needed to complete the screening for hazardous drinking.