**Over 16’s Alcohol Questionnaire – Please Complete Section 1**

Name:……………………………………Date of birth:…………………Date: …..……….

****

Audit C

Using the above chart, how many units do you have per week?

**1**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Scoring System | | | | | | |
| Questions | 0 | 1 | 2 | 3 | 4 | Your Score |
| How often do you have a drink that contains alcohol?  **2** | Never | Monthly or less | 2-4 times per month | 2-3 times per week | 4+ times per week |  |
| How many standard alcoholic drinks do you have on a typical day when drinking?  **3** | 1-2 | 3-4 | 5-6 | 7-8 | 10+ |  |
| How often do you have 6 or more standard drinks on one occasion?  **4** | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |

Total (Q 2-4)

**Scored 5 or more? – Please complete questions 5-11 (Audit)**

**Alcohol Users Disorders Identification Test (AUDIT)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Scoring System | | | | | | |
| Questions | 0 | 1 | 2 | 3 | 4 | Your Score |
| How often in the last year have you found you were not able to stop drinking once you had started?  **5** | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often in the last year have you failed to do what was expected of you because of drinking?  **6** | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often in the last year have you needed an alcoholic drink in the morning to get you going?  **7** | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often in the last year have you had a feeling of guilt or regret after drinking?  **8** | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often in the last year have you not been able to remember what happened when drinking the night before?  **9** | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| Have you or someone else been injured as a result of your drinking?  **10** | No |  | Yes, but not in the last year |  | Yes, during the last year |  |
| Has a relative/friend/doctor/  health worker been concerned about your drinking or advised you to cut down?  **11** | No |  | Yes, but not in the last year |  | Yes, during the last year |  |

Scoring: 0-7 = sensible drinking, 8-15 = hazardous drinking, 16-19 = harmful drinking

Total

(Q2-11)

and 20+ = possible dependence

By completing this form you may be contacted by an alcohol support worker.