

ALCOHOL QUESTIONNAIRE



Name : Contact Number:

The following questions are validated as screening tools for alcohol use

AUDIT- C Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
TOTAL						<input style="width: 50px; height: 20px;" type="text"/>

If you have scored more than 7 on the questions above, please complete the following:

AUDIT Questions (after completing 3 AUDIT-C questions above)	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	
TOTAL						<input style="width: 50px; height: 20px;" type="text"/>
TOTAL FOR BOTH QUESTIONNAIRES						<input style="width: 50px; height: 20px;" type="text"/>

PLEASE TURN OVER for scoring & next steps >>>>>

ALCOHOL AUDIT-C DES SCREENING TOOL

TOTAL SCORE	RISK CATEGORY	DESIRED ACTION
0 –7	<p style="text-align: center;">Lower risk</p> <p>This level of drinking means that in most circumstances you have a low risk of causing yourself future harm</p>	None required
8 –15	<p style="text-align: center;">Increasing risk</p> <p>Drinking at a level that increases the risk of damaging your health and could lead to serious medical conditions</p>	Brief Advice
16-19	<p style="text-align: center;">Higher risk</p> <p>This level of drinking has the greatest risk of health problems</p>	Extended Advice
20+	Possible dependence	Referral to services

Would you like to cut down your drinking?

Yes / No

Would you like advice about your drinking*?

Yes / No

**If yes, please note that your score will determine if you are referred another service*

If 'Yes' to either question and you would like someone to contact you, please make sure you have completed your name and contact number above

NHS Advice on drinking recommends that men should not regularly drink more than 3-4 units of alcohol a day and women should not regularly drink more than 2-3 units a day. "Regularly" means drinking every day or most days of the week.

The **Alcohol Interventions Team** (AIT) offers support, information, advice and signposting to individuals who drink above "safe" levels of alcohol for whatever reason. Tel 023 9284 1753