

Alcohol Questionnaire

Name:	Date of Birth:
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1 drink = 1 pint of beer or 1 glass of wine or 1 single spirits

		SCORE
<p>MEN: how often do you have EIGHT or more drinks on one occasion?</p> <p>WOMEN: How often do you have SIX or more drinks on one occasion?</p>	<input type="checkbox"/> Never (scores 0) <input type="checkbox"/> Less than monthly (scores 1) <input type="checkbox"/> Monthly (scores 2) <input type="checkbox"/> Weekly (scores 3) <input type="checkbox"/> Daily or almost daily (scores 4)	
<p>How often during the last year have you been unable to remember what happened the night before because you had been drinking?</p>	<input type="checkbox"/> Never (scores 0) <input type="checkbox"/> Less than monthly (scores 1) <input type="checkbox"/> Monthly (scores 2) <input type="checkbox"/> Weekly (scores 3) <input type="checkbox"/> Daily or almost daily (scores 4)	
<p>How often during the last year have you failed to do what was normally expected of you because of drinking?</p>	<input type="checkbox"/> Never (scores 0) <input type="checkbox"/> Less than monthly (scores 1) <input type="checkbox"/> Monthly (scores 2) <input type="checkbox"/> Weekly (scores 3) <input type="checkbox"/> Daily or almost daily (scores 4)	
<p>In the last year, has a relative, friend or doctor or other health worker been concerned about your drinking or suggested you cut down?</p>	<input type="checkbox"/> No (scores 0) <input type="checkbox"/> Yes, on one occasion (scores 2) <input type="checkbox"/> Yes, on more than one occasion (scores 4)	

Scoring of a total of more than 3 indicates hazardous or harmful drinking