

## Silton Surgery, Silton, Gillingham, Dorset SP8 5DF

### Alcohol Questionnaire

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

Address:.....

|   |                     |             |            |                           |
|---|---------------------|-------------|------------|---------------------------|
| <b>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? Please circle the answer/s that applies to you.</b> |                     |             |            |                           |
| N/A or Never (0)  | Monthly or less (1) | Monthly (2) | Weekly (3) | Daily or almost daily?(4) |

|   |                       |                                   |                               |                            |                           |
|---|-----------------------|-----------------------------------|-------------------------------|----------------------------|---------------------------|
| <b>How often do you have a drink containing alcohol?</b>  |                       |                                   |                               |                            |                           |
| N/A or Never (0)  | Monthly or less (1)   | 2-4 times a month (2)             | 2-3 times a week (3)          | 4 or more times a week (4) |                           |
| <b>How many drinks, containing alcohol, do you have on a typical day when you are drinking?</b>                             |                       |                                   |                               |                            |                           |
| None  | 1 or 2 (0)            | 3 or 4 (1)                        | 5 or 6 (2)                    | 7 to 9 (3)                 | 10 or more (4)            |
| <b>How often during the past year have you found that you were not able to stop drinking once you had started?</b>          |                       |                                   |                               |                            |                           |
| N/A or Never (0)  | Less than monthly (1) | Monthly (2)                       | Weekly (3)                    | Daily or almost daily (4)  |                           |
| <b>How often during the past year have you failed to do what was normally expected of you because of drinking?</b>          |                       |                                   |                               |                            |                           |
| N/A   | Never (0)             | Less than monthly (1)             | Monthly (2)                   | Weekly (3)                 | Daily or almost daily (4) |
| <b>Has a relative, friend, doctor or other health worker, been concerned about your drinking or suggested you cut down?</b> |                       |                                   |                               |                            |                           |
| N/A   | No (0)                | Yes, but not in the past year (2) | Yes, during the past year (4) |                            |                           |
| Alcohol screen – AUDIT PC Completed TOTAL:<br>(For Practice Nurse to complete)  |                       |                                   |                               |                            |                           |