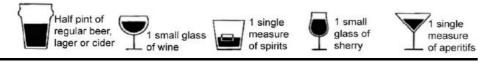
This is one unit of alcohol...



...and each of these is more than one unit









Strength

Lager



Pint of Regular Beer/Lager/Cider Pint of Premium Beer/Lager/Cider

Alcopop or Can of Premium can/bottle of Lager Regular Lager or Strong Beer

Glass of Wine Bottle of Wine

<u>AUDIT – C</u>

| Questions | Scoring system | | | | | Your |
|---|----------------|-------------------------|--------------------------------|-------------------------------|--------------------------------|-------|
| Questions | 0 | 1 | 2 | 3 | 4 | score |
| 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 | |

Total Score

Scoring:

A total of 5+ indicates increasing or higher risk drinking. An overall total score of 5 or above is AUDIT-C positive.

Score from AUDIT- C (other side)

Remaining AUDIT questions

| Questions | Scoring system | | | | | Your |
|---|----------------|-------------------------|--|--------|------------------------------------|-------|
| 2 | 0 | 1 | 2 | 3 | 4 | score |
| 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 | |
| Section 0 7 Lower ri | | . – . | | | Total Score | |

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk,

16 - 19 Higher risk, 20+ Possible dependence

| Total Score from Both Pages | |
|-----------------------------|--|
| | |