

Name _____ Date _____

1. How often do you have a drink containing alcohol?

- never
- less than monthly / monthly
- 2-4 times/month
- 2-3 times/week
- 4 or more times/week

2. How many standard drinks containing alcohol do you have on a typical day drinking?

- 1 or 2
- 3 or 4
- 5 or 6
- 7 or 9
- 10 or more

3. How often do you have six or more drinks on one occasion?

- never
- less than monthly
- monthly
- weekly
- daily or almost daily

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

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

- never
- less than monthly
- monthly
- weekly
- daily or almost daily

6. How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session?

- never
- less than monthly
- monthly
- weekly
- daily or almost daily

7. 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

8. 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

9. Have you or someone else been injured as a result of your drinking?

no

yes, but not in the last year

yes, during the last year

10. Has a relative, friend, doctor or health worker been concerned about your drinking or suggested you cut down?

no

yes, not during the last year

yes, during the last year