

Alcohol Use Questionnaire

Alcohol use can affect your health and interfere with certain medications and treatments. It is important that we ask some questions about your use of alcohol.

Your answers will remain confidential, so please be honest.

Question 1. Place an "X" in the box that best describes your answer. 0-7 8-14 >14

How many servings of alcohol do you drink in one week?			
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Question 2. Place an "X" in the box that best describes your answer. None ≥ 1

How many times in the past year have you had 4 or more drinks in a day?		
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If your answer to Question 2 is ≥ 1 , please turn this page over and complete the questions on the back.
If you answered 0, your form is complete.



12 fl oz of regular beer	=	8-9 fl oz of malt liquor (shown in 12 oz glass)	=	5 fl oz of table wine	=	1.5 fl oz shot of 80-proof spirits ("hard liquor": whiskey, gin, rum, vodka, tequila, etc.)
						
about 5% alcohol		about 7% alcohol		about 12% alcohol		about 40% alcohol

The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.

Affix patient label if needed

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For each question in the chart below, select one box that best describes your answer.

	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 drinks containing 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 5 or more drinks, on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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 a first 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	

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