Alcohol Screening Questionnaire

The following questionnaire should be completed by all new patients **aged 16** and over.

Name _____ Date Of Birth _____

| Questions | Scoring System | | | | | | |
|--|----------------|-----------|-----------|----------|--------------|-------|--|
| | 0 | 1 | 2 | 3 | 4 | score | |
| How often do you have a drink that | Never | Monthly | 2–4 times | 2 – 3 | 4+ | | |
| contains alcohol? | | or less | per month | times | times | | |
| | | | | per week | per | | |
| | | | | | week | | |
| How many standard alcoholic drinks have | 1-2 | 3 – 4 | 5 – 6 | 7 – 8 | 10+ | | |
| on a typical day when you are drinking? | | | | | | | |
| How often do you have 6 or more standard | Never | Less than | Monthly | Weekly | Daily or | | |
| drinks on one occasion? | | monthly | | | almost daily | | |

If you scored 5 or more please answer the additional questions below

| Questions | Scoring System | | | | | | |
|--|----------------|-----------|--------------|--------|------------|-------|--|
| | 0 | 1 | 2 | 3 | 4 | score | |
| How often in the last year have you found you | Never | Less than | Monthly | Weekly | Daily or | | |
| were not able to stop drinking once you had | | monthly | | | almost | | |
| started? | | | | | daily | | |
| How often in the last year have you failed to do | Never | Less than | Monthly | Weekly | Daily or | | |
| what was expected of you because of drinking? | | monthly | | | almost | | |
| | | | | | daily | | |
| How often in the last year have you needed an | Never | Less than | Monthly | Weekly | Daily or | | |
| alcoholic drink in the morning to get you going? | | monthly | | | almost | | |
| | | | | | daily | | |
| How often in the last year have you had a | Never | Less than | Monthly | Weekly | Daily or | | |
| feeling of guilt or regret after drinking? | | monthly | | | almost | | |
| | | | | | daily | | |
| How often in the last year have you not been | Never | Less than | Monthly | Weekly | Daily or | | |
| able to remember what happened when | | monthly | | | almost | | |
| drinking the night before? | | | | | daily | | |
| Have you or someone else been injured as a | No | | Yes, but not | | Yes, | | |
| result of your drinking? | | | in the last | | during the | | |
| | | | year | | last year | | |
| Has a relative/friend/doctor/health worker | No | | Yes, but not | | Yes, | | |
| been concerned about your drinking or advised | | | in the last | | during the | | |
| you to cut down? | | | year | | last year | | |

The practice may contact you for further information and offer advice depending on the answers given above.

If you would like more information about safe drinking levels then please contact the surgery.

Stony Medical Centre

The NHS recommends:

- Men should not regularly drink more than 3-4 units of alcohol a day.
- Women should not regularly drink more than 2-3 units a day.

'Regularly' means drinking this amount every day or most days of the week.



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