

Alcohol self-test

We ask everyone whether they drink alcohol because it is very common and may be linked to why we are seeing you today. Your answers will help us to provide the best possible advice or support for you.

Part One (AUDIT-C)

	0	1	2	3	4	Score
1. How often do you have a drink containing alcohol? (this includes tonic wines or alcohol added to hot drinks)	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
2. How many units of alcohol do you drink on a typical day when you are drinking? ('one drink' is rarely 'one unit' of alcohol so use a unit calculator like the one over the page to add up your drinks accurately)	1 - 2	3 - 4	5 - 6	7 - 9	10+	
3. How often have you had 6 or more units if female (e.g. more than 2 large glasses of 12% wine), or 8 or more if male (e.g. more than 4 pints of 4% lager), on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Total Part One						

A score of less than 5 indicates lower risk drinking

Scores of 5 + suggests the following 7 questions to be completed to get a clearer picture

Part Two (Full AUDIT)

	0	1	2	3	4	Score
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 your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. 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	
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 somebody 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 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	
Total Part One						
Total Part Two						
Total Score						/40



Drink	Bottle Alcopop	Pint Mild Beer	Can Premium Lager	Pint Regular Lager	Pint Cider	Double Vodka	Pint Premium Lager
% abv	5%	3%	5.2%	4%	4.5%	40%	5.2%
Size	275ml	568ml	440ml	568ml	568ml	70ml	568ml
Units	1.4	1.7	2.3	2.3	2.6	2.8	3
Kcals	264	136	189	187	239	144	244



Drink	Large Glass Wine	Can Strong Lager	Bottle Wine	Bottle Tonic Wine	Bottle Sherry	Bottle Cider	Bottle Spirits
% abv	14%	9%	14%	15%	17.5%	7.5%	40%
Size	250ml	500ml	750ml	700ml	750ml	3 litre	700ml
Units	3.5	4.5	10.5	10.5	13.1	22.5	28
Kcals	196	364	588	588	1020	1260	1568