

GENDER

Male	Female	Transgender	No defined gender
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AGE

16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
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ETHNICITY

Asian Indian	Asian British	Black British	Other Black	Other White	Other Mixed
Asian Pakistani	Chinese	Black Caribbean	White British	Mixed White & Black Caribbean	Other
Asian Bangladeshi	Other Asian	Black African	White Irish	Mixed White & Asian	Prefer not to answer

AUDIT-C Questions	SCORING SYSTEM					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 units of alcohol do you drink on a typical day when you are drinking? (See unit guidance overleaf.)	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:						

AUDIT Questions	SCORING SYSTEM					SCORE
	0	1	2	3	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	
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	
TOTAL:						

Please turn over for scoring & next steps

SCORING:
Add scores together for all ten questions.

TOTAL:

The total score indicates the potential or actual risk associated with your levels and patterns of drinking:

0 –7 Lower risk: No action required

8 –15 Increasing risk: Deliver Brief Advice

16 –19 Higher risk: Deliver Brief Advice & consider Extended Brief Intervention referral

20+ High risk/possible dependence: Referral into alcohol specialist service

