Alcohol Use Questionnaire

Please place your score (0, 1, 2, 3 or 4) in the right hand column

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Questions** | **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 units of alcohol do you drink on a typical day when you are drinking? | 1 -2 | 3 - 4 | 5 - 6 | | 7 - 8 | | 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 | |  | |
|  | | | |  | | | | | | | | |  |
| **Questions** | | | | **Scoring system** | | | | | | | | | **Your 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 |  |

Thank you for taking the time to fill in this questionnaire