

Referral No:

Randomisation ID:

ALCOHOL CONSUMPTION AUDIT QUESTIONNAIRE

1. **How often do you have a drink containing alcohol?**

- 0. Never
- 1. Once a month
- 2. 2-4 times a month
- 3. 2-3 times a week
- 4. More than 4 times a week

6. **How often during the past year have you needed a first drink in the morning to get yourself going after a heavy drinking session?**

- 0. Never
- 1. Less than monthly
- 2. Monthly
- 3. Weekly
- 4. Daily

2. **How many drinks containing alcohol do you have on a typical day when you are drinking?**

- 0. 1 or 2
- 1. 3 or 4
- 2. 5 or 6
- 3. 7 to 9
- 4. 10 or more

7. **How often in the past year have you had a feeling of guilt or remorse after drinking?**

- 0. Never
- 1. Less than monthly
- 2. Monthly
- 3. Weekly
- 4. Daily

3. **How often do you have six or more drinks on one occasion?**

- 0. Never
- 1. Less than monthly
- 2. Monthly
- 3. Weekly
- 4. Daily or almost daily

8. **How often in the past year have you been unable to remember what happened the night before because you had been drinking?**

- 0. Never
- 1. Less than monthly
- 2. Monthly
- 3. Weekly
- 4. Daily

4. How often in the last year have you found that you were not able to stop drinking once you had started?

0. Never

1. Less than monthly

2. Monthly

3. Weekly

4. Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

0. Never

2. Yes, but not in the last year

4. Yes, during the last year

5. How often in the last year have you failed to do what was normally expected of you because of drinking?

0. Never

1. Less than monthly

2. Monthly

3. Weekly

4. Daily

10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggest you cut it down?

0. Never

2. Yes, but not in the last year

4. Yes, during the last year