**STOCKWELL ROAD SURGERY**

**Knaresborough**

**Alcohol Use Questionnaire – Over 16 yrs only**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please answer the following questions about your use of alcoholic drinks during this past year.

**What is a unit (drink) of alcohol?**

For example:

One unit of alcohol is about equal to:

* half a pint of ordinary strength beer, lager or cider, or
* a standard pub measure of fortified wine such as sherry or port

There are one and a half units of alcohol in:

* a small glass of ordinary strength wine, or
* a standard pub measure of spirits,

But remember, many wines and beers are stronger than the more traditional ‘ordinary’ strengths. For example:

* a pint of strong beer - three units.
* a 750ml bottle of 12% wine contains nine units.

Place the answer number in the box on the right.

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| **1.** How often during the last year do you have a drink containing alcohol? | (0) Never  (1) Monthly or less  (2) 2-3 times a MONTH  (3) 2-3 times a WEEK  (4) 4 or more times a week |
| **2.** During the last year how many drinks containing alcohol do you have on a typical day when you are drinking? | (0) 1 or 2 drinks  (1) 3 or 4 drinks  (2) 5 or 6 drinks  (3) 7 or 8 or 9 drinks  (4) 10 or more drinks |
| **3.** How often during the last year 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 |

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **4.** How often during 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 |
| **5.** How often during the last year have you failed to do what was normally expected from you because of drinking? | (0) Never  (1) Less than monthly  (2) Monthly  (3) Weekly  (4) Daily or almost daily |
| **6.** How often during the last 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 or almost daily |
| **7.** How often during the last year have you had a feeling of guilt or remorse after drinking? | (0) Never  (1) Less than monthly  (2) Monthly  (3) Weekly  (4) 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? | (0) Never  (1) Less than monthly  (2) Monthly  (3) Weekly  (4) Daily or almost daily |
| **9.** Have you or someone else ever been injured as a result of your drinking? | (0) No, never  (2) Yes, but not in the last year  (4) Yes, during the last year |
| **10.** Has a relative or friend or a doctor or another health worker ever been concerned about your drinking or suggested you cut down? | (0) No, never  (2) Yes, but not in the last year  (4) Yes, during the last year |