

Alcohol Questionnaire

1	How often do you have a drink containing alcohol?	<input type="radio"/> Never <input type="radio"/> Monthly or less <input type="radio"/> 2 to 4 times a month <input type="radio"/> 2-3 times a week <input type="radio"/> 4 or more times a week
2	How many standard drinks of alcohol (alcoholic units) do you have on a typical day when you are drinking?	<input type="radio"/> 1 or 2 <input type="radio"/> 3 or 4 <input type="radio"/> 5 or 6 <input type="radio"/> 7 to 9 <input type="radio"/> 10 or more
3	How often do you have 6 or more standard drinks on one occasion?	<input type="radio"/> Never <input type="radio"/> Less than monthly <input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Daily or almost daily
4	How often during the last year have you found that you were not able to stop drinking once you had started?	<input type="radio"/> Never <input type="radio"/> Less than monthly <input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Daily or almost daily
5	How often during the last year have you failed to do what was normally expected of you because of your drinking?	<input type="radio"/> Never <input type="radio"/> Less than monthly <input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> 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?	<input type="radio"/> Never <input type="radio"/> Less than monthly <input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Daily or almost daily
7	How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="radio"/> Never <input type="radio"/> Less than monthly <input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> 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?	<input type="radio"/> Never <input type="radio"/> Less than monthly <input type="radio"/> Monthly <input type="radio"/> Weekly <input type="radio"/> Daily or almost daily
9	Have you or someone else been injured as a result of your drinking?	<input type="radio"/> No <input type="radio"/> Yes, not in the last year <input type="radio"/> Yes in the last year
10	Has a relative, friend, doctor or other health worker been concerned about your drinking or suggested you cut down?	<input type="radio"/> No <input type="radio"/> Yes, not in the last year <input type="radio"/> Yes in the last year
Scoring	The minimum score (for non-drinkers) is 0 The maximum possible score is 40.	Your Score: <input type="text"/>

A score of 8 or more indicates a strong likelihood of hazardous or harmful alcohol consumption. If you scored above 8, you might want to [contact the agency](#) for some advice.