

THE PALL MALL SURGERY

The Alcohol Use Disorders Identification Test :

Name :

<p>1. How often do you have a drink containing alcohol?</p> <p>(0) Never (skip to Qs 9-10) (1) Monthly or less (2) 2 to 4 times a month (3) 2 to 3 times a week (4) 4 or more times a week</p> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 25px; border: 1px solid orange;" type="text"/></div>	<p>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?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 25px; border: 1px solid orange;" type="text"/></div>
<p>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</p> <p>(0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8, or 9 (4) 10 or more</p> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 25px; border: 1px solid orange;" type="text"/></div>	<p>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 25px; border: 1px solid orange;" type="text"/></div>
<p>3. How often do you have six or more drinks on one or more occasion?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <p>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</p> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 25px; border: 1px solid orange;" type="text"/></div>	<p>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 25px; border: 1px solid orange;" type="text"/></div>
<p>4. How often during the last year have you found that you were not able to stop drinking once you had started?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 25px; border: 1px solid orange;" type="text"/></div>	<p>9. Have you or someone else been injured as a result of your drinking?</p> <p>(0) No (2) Yes, but not in the last year (4) Yes, during the last year</p> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 25px; border: 1px solid orange;" type="text"/></div>
<p>5. How often during the last year have you failed to do what was normally expected from you because of drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 25px; border: 1px solid orange;" type="text"/></div>	<p>10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?</p> <p>(0) No (2) Yes, but not in the last year (4) Yes, during the last year</p> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 25px; border: 1px solid orange;" type="text"/></div>