APPENDIX A ­

SHOTFIELD MEDICAL PRACTICE

BASIC AUDIT C ALCOHOL QUESTIONNAIRE

Full Name ……………………………………………….

DOB ………………………………………………………..

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Questions | Scoring System | | | | | Your Results |
| 0 | 1 | 2 | 3 | 4 |
| How often do you have a drink that contains alcohol? | Never | Monthly or Less | 2 – 4 times per month | 2 – 3 times per week | 4+ times per week |  |
| How many standard alcoholic drinks do you have on a typical day when you are drinking? | 1 - 2 | 3 - 4 | 5 - 6 | 7 - 8 | 9 + |  |
| How often do you have 6 or more standard drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or Almost Daily |  |

**A score of 5+ indicates hazardous or harmful drinking**

The nurse or doctor will discuss these results with you at your appointment.

Code : 38D4