Alcohol Use Screening Test

Full name of the patient: Bernie Dickenson

Date accomplished: May 25, 2023

Full name of the assessor: Dr. John Marie Adams

Instructions: Please answer the following questions with the appropriate choices indicated for each of them. Also, please note what counts as one drink when thinking about your answers to your questions:

12 oz. of beer 

5 oz. of wine 

1.5 oz. liquor (one shot) 

	0	1	2	3	4
1. How often do you have a drink containing alcohol?	☐ Never	☐ Monthly or less	☑ 2-4 times a month	☐ 2-3 times a week	☐ 4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	☐ 0-2	☐ 3 or 4	☑ 5 or 6	☐ 7 - 9	☐ 10 or more
3. How often do you have five or more drinks on one occasion?	☐ Never	☐ Less than monthly	☐ Monthly	☑ Weekly	☐ 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?	☐ Never	☐ Less than monthly	☑ Monthly	☐ Weekly	☐ Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	☐ Never	☑ Less than monthly	☐ Monthly	☐ Weekly	☐ 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?	☐ Never	☐ Less than monthly	☑ Monthly	☐ Weekly	☐ Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	☐ Never	☐ Less than monthly	☐ Monthly	☑ Weekly	☐ Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	☐ Never	☐ Less than monthly	☑ Monthly	☐ Weekly	☐ Daily or almost daily
9. Have you or someone else been injured because of your drinking?	☐ Yes	☑ Yes, but not in the last year	☐ Yes, in the last year		
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	☐ Yes	☐ Yes, but not in the last year	☑ Yes, in the last year		

Have you ever been in treatment for an alcohol problem?

- ☑ Never
- ☐ Currently
- ☐ In the past

(FOR THE ASSESSOR ONLY)

Score ranges, designations, and recommended actions:

Score Range	Zone	Recommended Action(s)
0-7	I - Low Risk	Provide feedback and educate them about moderating their consumption of alcohol by talking about low-risk drinking guidelines.

8-14	II - Hazardous/Harmful	Provide feedback + brief intervention.
15+	III - Alcohol Dependent/Addicted	Provide feedback + brief intervention + refer to a rehabilitation or addiction specialist for further examination and official diagnosis.

Additional Notes: