Alcohol Use Screening Test

Full name of the patient:

normally expected of

you because of drinking?

Date accomplished:					
Full name of the assesso	or:				
Instructions: Please and each of them. Also, please your questions:		• .			
12 oz. of beer	5 o	z. of wine	1.5 oz.	. liquor (one sho	t)
	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	□ 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:	