



AUDIT

Please answer all questions.

<p>1. How often do you have a drink containing alcohol?</p> <p>Never (skip to Questions 9 & 10) (0) Monthly or less (1) Two to four times a month (2) Two to three times a week (3) Four or more times a week. (4) Score :</p>	<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>Never (skip to Questions 9 & 10) (0) Monthly or less (1) Two to four times a month (2) Two to three times a week (3) Four or more times a week. (4) Score :</p>
<p>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</p> <p>1 or 2 (0) 3 or 4 (1) 5 or 6 (2) 7 to 9 (3) 10 or more (4) Score :</p>	<p>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</p> <p>Never (skip to Questions 9 & 10) (0) Monthly or less (1) Two to four times a month (2) Two to three times a week (3) Four or more times a week. (4) Score :</p>
<p>3. How often do you have six or more drinks on one occasion?</p> <p>Never (skip to Questions 9 & 10) (0) Monthly or less (1) Two to four times a month (2) Two to three times a week (3) Four or more times a week. (4) Score :</p>	<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>Never (skip to Questions 9 & 10) (0) Monthly or less (1) Two to four times a month (2) Two to three times a week (3) Four or more times a week. (4) Score :</p>
<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>Never (skip to Questions 9 & 10) (0) Monthly or less (1) Two to four times a month (2) Two to three times a week (3) Four or more times a week. (4) Score :</p>	<p>9. Have you or someone else been injured as a result of your drinking?</p> <p>No (0) Yes, but not in the last year (2) Yes, during the last year (4)</p> <p style="text-align: right;">Score :</p>
<p>5. How often during the last year have you failed to do what was normally expected from you because of drinking?</p> <p>Never (skip to Questions 9 & 10) (0) Monthly or less (1) Two to four times a month (2) Two to three times a week (3) Four or more times a week. (4) Score :</p>	<p>10. Has a relative or friend, or doctor or other health worker been concerned about your drinking or suggested you cut down?</p> <p>No (0) Yes, but not in the last year (2) Yes, during the last year (4)</p> <p style="text-align: right;">Score :</p>
<p>Total Score:</p>	

Client Name: _____ DOB: _____ Date Completed _____



<p>Never (skip to Questions 9 & 10) (0) Monthly or less (1) Two to four times a month (2) Two to three times a week (3)</p> <p style="text-align: right;">Score Four or more times a week. (4) : _____</p>	<p>drink in the morning to get yourself going after a heavy drinking session?</p> <p>Never (skip to Questions 9 & 10) (0) Monthly or less (1) Two to four times a month (2) Two to three times a week (3)</p> <p style="text-align: right;">Score : _____</p>
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Family
Wellness Associates

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