

IDENTIFIES AT-RISK ALCOHOL DRINKERS

How often do you drink anything containing alcohol?

Never	0
Monthly or less	+1
2 - 4 Times a month	+2
2 - 3 Times a week	+3
4 + Times a week	+4

How many alcoholic drinks do you have on a typical day?

1 - 2	0
3 - 4	+1
5 - 6	+2
7 - 9	+3
10 +	+4

How often do you have 6 or more drinks on one occasion?

Never	0
Less than monthly	+1
Monthly	+2
Weekly	+3
Daily / Almost daily	+4

How often in the last year were you not able to stop drinking once you had started?

Never	0
Less than monthly	+1
Monthly	+2
Weekly	+3
Daily / Almost daily	+4

How often in the last year have you not been able to do what was normally expected of you because of drinking?

Never	0
Less than monthly	+1
Monthly	+2
Weekly	+3
Daily / Almost daily	+4

How often during the last year have you forgotten what happened the night before because of drinking?

Never	0
Less than monthly	+1
Monthly	+2
Weekly	+3
Daily / Almost daily	+4

Have you or someone else been injured as a result of you drinking?

No	0
Yes - not in the last year	+2
Yes - in the last year	+4

Has a relative, friend or health worker been concerned about your drinking or suggested you cut back?

No	0
Yes - not in the last year	+2
Yes - in the last year	+4

SCORE 0 - 7



LOW RISK

SCORE 8 - 15



MEDIUM RISK

SCORE 16 - 19



HIGH RISK

SCORE ≥ 20

ADDICTION LIKELY