

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 needed a drink in the morning to get going after a night of heavy drinking?	Never	0
	Less than monthly	+1
	Monthly	+2
	Weekly	+3
	Daily / Almost daily	+4
How often during the last year have you felt guilty or remorseful after 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