

Alcohol Health Questionnaire – [INSERT PRACTICE NAME]

Instructions for Patients:

Please circle the correct answers and then hand into a member of the practice staff.

The unit guide below will help with calculating units.



1 UNIT
½ pint 4%
beer, lager or
cider

1 UNIT
1 small glass
of wine 9%

1 UNIT
1 single 25ml
measure of
spirits (40%)

1 UNIT
1 small 50ml
glass of
sherry
(17.5-20%)



2 UNITS
A pint of
"regular" beer,
lager or cider
(4%)

3 UNITS
A pint of
"premium"
beer, lager or
cider (5%)

1.5 UNITS
Alcopop
(5%) or a
275ml bottle
of regular
lager (4%)

2 UNITS
440ml can of
"regular"
lager or cider
(4%)

4 UNITS
440ml can
of "super
strength"
lager (9%)

2 UNITS 175ml glass of wine (12%)
3 UNITS 250ml glass of wine (12%)
9-10 UNITS bottle of wine (12%)

| Questions | Scoring system | | | | | Your score |
|---|----------------|-------------------|-------------------------------|--------------------|---------------------------|------------|
| | 0 | 1 | 2 | 3 | 4 | |
| 1. How often do you have a drink containing alcohol? | Never | Monthly or less | 2-4 times per month | 2-3 times per week | 4+ times per week | |
| 2. How many units of alcohol do you drink on a typical day when you are drinking? (See unit guidance above.) | 1-2 | 3-4 | 5-6 | 7-9 | 10+ | |
| 3. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? | 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 from you because of your drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| 6. How often during the last year have you needed an alcoholic 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 you had been drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| 9. Have you or somebody else been injured as a result of your drinking? | No | | Yes, but not in the last year | | Yes, during the last year | |
| 10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down? | No | | Yes, but not in the last year | | Yes, during the last year | |
| TOTAL _____ | | | | | | |