

## **Alcohol Consumption Questionnaire**

*The NHS has requested that we record more in-depth information regarding our patient's alcohol consumption. We would be grateful if you could please take a few minutes to answer the questions below and return to us with your registration forms. Thank you.*

**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 standard drinks containing alcohol do you have on a typical day when drinking?**

1 – 2  3 – 4  5 – 6  7 – 8  10 +

**3) How often do you have six or more drinks on one occasion?**

Never  Less than monthly  Monthly  Weekly  Daily or almost daily

**4) During the past year, how often 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) During the past year, how often have you failed to do what was normally expected of you because of drinking?**

Never  Less than monthly  Monthly  Weekly  Daily or almost daily

**6) During the past year, how often have you needed a drink in the morning to get yourself going after a heavy drinking session?**

Never  Less than monthly  Monthly  Weekly  Daily or almost daily

**7) During the past year, how often have you had a feeling of guilt or remorse after drinking?**

Never  Less than monthly  Monthly  Weekly  Daily or almost daily

**8) During the past 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 someone 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 you cut down?**

No  Yes, but not in the last year  Yes, during the last year