



1. How often did you have a drink containing alcohol in the past year?
☐ Never (0 points) ☐ Less than monthly (1 point) ☐ Monthly (2 points)
☐ Weekly (3 points) ☐ Daily or almost daily (4 points) Total: ☐
2. How many drinks did you have on a typical day when you were drinking in the past year?
☐ 1 or 2 (0 points) ☐ 3 or 4 (1 point) ☐ 5 or 6 (2 points)
☐ 7 to 9 (3 points) ☐ 10 or more (4 points) Total: ☐
3. How often did you have six or more drinks on one occasion in the past year?
☐ Never (0 points) ☐ Less than monthly (1 point) ☐ Monthly (2 points)
☐ Weekly (3 points) ☐ Daily or almost daily (4 points) Total: ☐
4. How often during the last year have you found that you were not able to stop drinking once you had started?
☐ Never (0 points) ☐ Less than monthly (1 point) ☐ Monthly (2 points)
☐ Weekly (3 points) ☐ Daily or almost daily (4 points) Total: ☐
5. How often during the last year have you failed to do what was normally expected from you because of drinking?
☐ Never (0 points) ☐ Less than monthly (1 point) ☐ Monthly (2 points)
☐ Weekly (3 points) ☐ Daily or almost daily (4 points) Total: ☐
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?
☐ Never (0 points) ☐ Less than monthly (1 point) ☐ Monthly (2 points)
☐ Weekly (3 points) ☐ Daily or almost daily (4 points) Total: ☐
7. How often during the last year have you had a feeling of guilt or remorse after drinking?
☐ Never (0 points) ☐ Less than monthly (1 point) ☐ Monthly (2 points)
☐ Weekly (3 points) ☐ Daily or almost daily (4 points) Total: ☐
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
☐ Never (0 points) ☐ Less than monthly (1 point) ☐ Monthly (2 points)
☐ Weekly (3 points) ☐ Daily or almost daily (4 points) Total: ☐
9. Have you, or has someone else, been injured as a result of your drinking?
☐ No (0 points) ☐ Yes, but not in the last year (2 points) ☐ Yes, during the last year (4 points)
Total: ☐
10. Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?
☐ No (0 points) ☐ Yes, but not in the last year (2 points) ☐ Yes, during the last year (4 points)
Total: ☐