

**Moss Grove Surgery - Kingswinford**

**Over 16yr olds Alcohol Screening Questionnaire  
(Using AUDIT-C Questionnaire)**

**New Patient Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

<b>Questions:</b>	<b>Scoring System</b>					<b>Your Score</b>
	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?	1 - 2	3 - 4	5 - 6	7 - 8	10+	
3. How often have you had 6 or more units if Female or more if Male, on a single occasion in the last year?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
						<b>Total Score:</b> _____