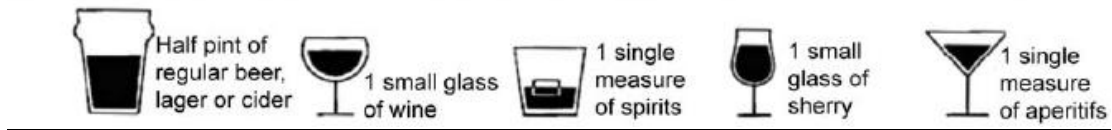


Name:

Date form completed:

DOB:

This is one unit of alcohol...



...and each of these is more than one unit



| FAST | Scoring system | | | | | Your score |
|---|----------------|-------------------|-------------------------------|--------|---------------------------|------------|
| | 0 | 1 | 2 | 3 | 4 | |
| 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 | |
| If you never drink alcohol you do not need to fill in any more questions | | | | | | |
| Only answer the following questions if the answer above is less than monthly (1) or Monthly (2). | | | | | | |
| STOP HERE if the answer is Weekly (3) or Daily (4). This means your score is 3 or more | | | | | | |
| 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 | |
| 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 | |
| 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 | |

An overall total score of 3 or more is FAST positive please discuss with Nurse during your New Registration appointment.



Name

DOB

If FAST positive, complete remaining AUDIT questions (this may include the three remaining questions above as well as the six questions on the second page) to obtain a full AUDIT score.

Score from FAST PAGE 1



Remaining AUDIT questions

| Questions | Scoring system | | | | | Your score |
|--|----------------|-------------------|-------------------------------|----------------------|---------------------------|------------|
| | 0 | 1 | 2 | 3 | 4 | |
| 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 | |
| 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+ | |
| 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 | |
| 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 | |
| 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 | |
| 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 | |

TOTAL AUDIT Score (all 10 questions completed):

- 0 – 7 Lower risk,
- 8 – 15 Increasing risk,
- 16 – 19 Higher risk,
- 20+ Possible dependence



