

**How often do you have a drink that contains alcohol?**

**Please tick appropriate box**

- Never
- Monthly or less
- 2-4 times per month
- 2-3 times per week
- 4+ times per week

**How many standard alcoholic drinks do you have on a typical day when you are drinking?**

- 1-2 drinks
- 3-4 drinks
- 5-6 drinks
- 7-9 drinks
- 10+ drinks

**How often do you have 6 or more standard drinks on one occasion?**

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

**Cont'd ....**

**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 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 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 last year have you had a feeling of guilt or remorse after 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

**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

**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