**Life Style Questionnaire**

**Name:**

Please complete the attached questionnaire and indicate whether you would like any further support.

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| **Alcohol Users Disorders Identification Test (AUDIT) C**       |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Scoring System** | | | | | | **Questions** | 0 | 1 | 2 | 3 | 4 | **Your Score** | | How often do you have a drink that contains alcohol? | Never | Monthly or Less | 2-4 per month times | 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 | 3 - 4 | 5 - 6 | 7 - 8 | 10+ |  | | How often do you have 6 or more standard drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost Daily |  |   **Scoring:** A total of 5+ indicates hazardous or harmful drinking |

**UNITS**



I am concerned about my level of drinking and would like to follow this up with some advice and support.

**Please Circle YES NO**