

ALCOHOL SCREENING

For the following questions **please circle the answer** which best applies.
1 drink = 1 unit = 1/2 pint of beer or 1 glass of wine or 1 single spirits

1. **MEN: How often do you have EIGHT or more drinks on one occasion?
WOMEN: How often do you have SIX or more drinks on one occasion?**

Never Less than monthly Monthly Weekly Daily or almost daily

Only answer Questions 2, 3 & 4 if the response to Question 1 is "Less than monthly" or "Monthly"

2. **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

3. **How often during the last year have you failed to do what was normally expected of you because of drink?**

Never Less than monthly Monthly Weekly Daily or almost daily

4. **In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?**

No Yes, on one occasion Yes, on more than one occasion

SMOKING STATUS

Please tick the box which best applies

SMOKER NO YES NUMBER SMOKED PER DAY

NEVER SMOKED

EX SMOKER DATE/YEAR STOPPED

**IF YOU ARE A SMOKER – HAVE YOU CONSIDERED STOPPING?
SMOKING CESSATION ADVICE IS AVAILABLE FROM YOUR GP, PRACTICE
NURSE AND LOCAL PHARMACIST**

CONTACT DETAILS

NAME: _____

DATE OF BIRTH: _____

HOME TELEPHONE NUMBER: _____

MOBILE TELEPHONE NUMBER: _____