

## ALCOHOL QUESTIONNAIRE

We would be grateful if you could please take a few minutes to answer the questions below regarding your alcohol intake

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. How often do you have a drink containing alcohol?

Please tick

Never	<input type="checkbox"/>
Monthly or less	<input type="checkbox"/>
Two to four times a month	<input type="checkbox"/>
Two to three times a week	<input type="checkbox"/>
Four or more times a week	<input type="checkbox"/>

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

Please tick

1 or 2	<input type="checkbox"/>
3 or 4	<input type="checkbox"/>
5 or 6	<input type="checkbox"/>
7 to 9	<input type="checkbox"/>
10 or more	<input type="checkbox"/>

3. Have people annoyed you by criticising your drinking?

Please tick

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

4. Have you ever felt bad or guilty about your drinking?

Please tick

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>

5. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hang-over?

Please tick

No	<input type="checkbox"/>
Yes	<input type="checkbox"/>