

# ALCOHOL SCREENING TOOL

**1 unit is typically:**

Half-pint of regular beer, lager or cider; 1 small glass of low ABV wine (9%); 1 single measure of spirits (25ml)

**UNIT GUIDE**



**The following drinks have more than one unit:**

A pint of regular beer, lager or cider, a pint of strong /premium beer, lager or cider, 440ml regular can cider/lager, 440ml "super" lager, 250ml glass of wine (12%)



The following questions are validated as screening tools for alcohol use

<b>AUDIT- C Questions</b>	<b>Scoring system</b>					<b>Your score</b>
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
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	7-9	10+	
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	
<b>TOTAL :</b>						

A score of **less than 5** indicates *lower risk drinking* (see overleaf)

**Scores of 5+** requires the following 7 questions to be completed:

<b>AUDIT Questions</b> <small>(after completing 3 AUDIT-C questions above)</small>	<b>Scoring system</b>					<b>Your score</b>
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
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 the 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	
<b>TOTAL</b>						

***PLEASE TURN OVER for scoring & next steps >>>>>***

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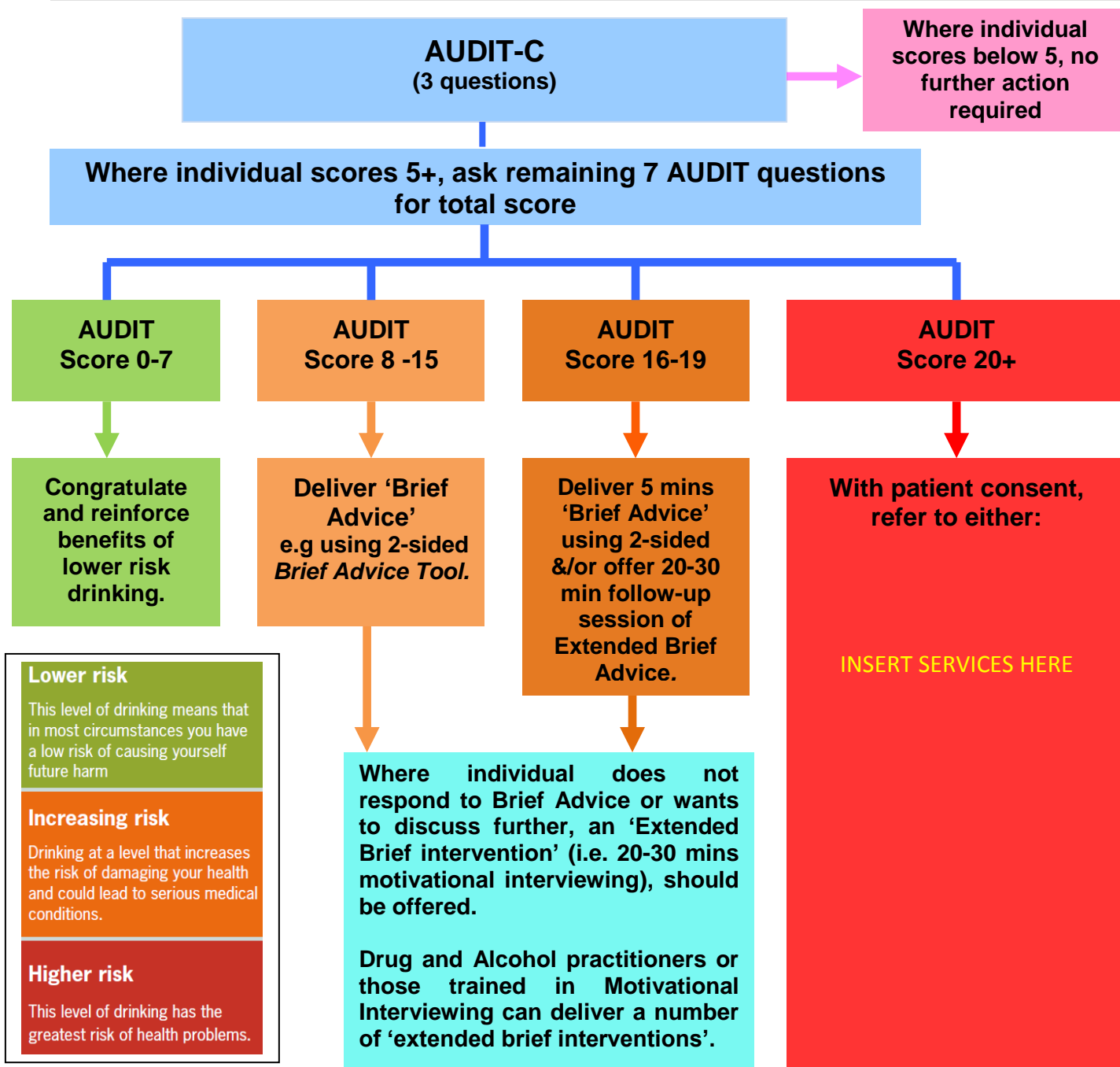
**SCORING: ADD the 2 scores together to identify necessary action (e.g. Brief Advice)**

**AUDIT C \_\_\_\_\_ + AUDIT \_\_\_\_\_ =**

"Based on your answers, your drinking places you in the ... risk category."  
(for 8+ scores lead to Brief Advice with) "How do you feel about that?"

AUDIT SCORE	RISK CATEGORY	=	DESIRED ACTION
0 –7	<b>Lower risk</b>	=	<b>No intervention required</b>
8 –15	<b>Increasing risk</b>	=	<b>Brief Advice</b>
16-19	<b>Higher risk</b>	=	<b>Brief Advice and/or extended BA</b>
20+	<b>Possible dependence</b>	=	<b>Referral to services (see below)</b>

## Brief Intervention (IBA) pathway



For Brief Intervention/IBA tools and e-learning visit [www.alcohollearningcentre.org.uk](http://www.alcohollearningcentre.org.uk) and see 'topics' > 'IBA'