

Alcohol screening tool

Glass of red, white or rose wine (ABV 13%)



Small 125ml

1.6 UNITS



Standard 175ml

2.3 UNITS



Large 250ml

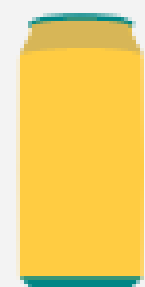
3.3 UNITS

Beer, lager and cider

REGULAR (ABV 4%)

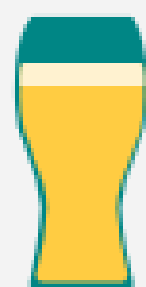


2.3 UNITS

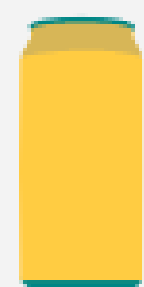


1.8 UNITS

STRONG (ABV 5.2%)



3 UNITS



2.2 UNITS

EXTRA STRONG (ABV 8%)



4.5 UNITS



3.5 UNITS

750ml bottle of red, white or rose wine (ABV 13.5%)



10 UNITS PER BOTTLE

Other drinks

25ML SINGLE SPIRIT AND MIXER (ABV 40%)

1 UNIT

275ML BOTTLE OF PRE-MIXED DRINK (ALCOPOP) (ABV 5.5%)

1.5 UNITS

AUDIT-C Questions	Scoring system					Score
	0	1	2	3	4	
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+ units (female) or 8+ units (male) on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

A score of less than 5 indicates lower risk drinking. If you scored 5+ complete the questions on page 2.

Total:

AUDIT Questions	Scoring system					Score
	0	1	2	3	4	
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?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Add the two scores together AUDIT C+ AUDIT = SCORE

Total:

1-7

Lower risk

8 -15

Increasing risk

16-19

Higher risk

20+

Possible dependence

For free confidential 1 to 1 support contact Horsham Wellbeing on 01403 215111 or email info@horshamdistrictwellbeing.org.uk