

## Audit-C Questionnaire

Name \_\_\_\_\_

DOB \_\_\_\_\_

Date completed \_\_\_\_\_

**PATIENT:** Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. **Please return your completed form to our Reception Desk.**

Place an X in one box that best describes your answer to each question.

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

- a. Never
- b. Monthly or less
- c. 2-4 times a month
- d. 2-3 times a week
- e. 4 or more times a week

**2. How many standard drinks containing alcohol do you have on a typical day?**

- a. 1 or 2
- b. 3 or 4
- c. 5 or 6
- d. 7 to 9
- e. 10 or more

**3. How often do you have six or more drinks on one occasion?**

- a. Never
- b. Less than monthly
- c. Monthly
- d. Weekly
- e. Daily or almost daily

**4. On average how many units of alcohol do you consume in a week?**

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