

## Alcohol Misuse/Abuse (Audit C)

**\*\*Must be completed for all patients age 18 and above\*\***

Patient Name: \_\_\_\_\_

Patient Gender: M  F

Patient DOB: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**1. Have you had a drink containing alcohol in the past year?**

Yes

No

**2. If Yes, How often did you have a drink containing alcohol in the past year?**

Never

Monthly or less

2 – 4 times a month

2 – 3 times per week

4 or more times a week

**3. If Yes, how many drinks do you usually have?**

1-2

3-4

5-6

7-9

10 or more

**4. If yes, how often did you have six or more drinks on one occasion?**

Never

Less than monthly

Weekly

Monthly

Daily or almost daily