

Dear new patient,

As you are registering as a new patient at the practice, we would be grateful if you could fill in the following questionnaire regarding your alcohol intake.

Name: .....

Date: .....

Questions	Scoring system					Your 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	More than 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	

**If you score 5 or more on the above questionnaire we would recommend that you make a routine appointment to have a confidential discussion with your doctor.**