**Alcohol Screening**

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| **Men** - How often do have 8 or more drinks on one occasion? | **Never** | **Daily** | **Week** |
| **Women** - How often do have 8 or more drinks on one occasion? | **Never** | **Daily** | **Week** |
| **How** often during the last year have you been unable to remember what happened the night before because you had been drinking? | **Never** | **Daily** | **Week** |
| **How** often during the last year have you failed to do what was normally expected of you because of drinking? | **Never** | **Daily** | **Week** |
| **In** the last year has a relative, friend, doctor or other health professional been concerned about your drinking or suggested you cut down? | **Never** | **Daily** | **Week** |