

# Alcohol Use Disorders

## Disclaimer:

**This is a preliminary screening test for Alcohol symptoms that does not replace in any way a formal psychiatric evaluation. It is designed to give a preliminary idea about the presence of mild to moderate Alcohol symptoms that indicate the need for an evaluation by a psychiatrist.**

1. How often do you have a drink containing alcohol?
  - Never, 0
  - Monthly or less, 1
  - Two to four times a month, 2
  - Two to three times a week, 3
  - Four or more times a week, 4
  
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
  - 1 or 2 drinks, 0
  - 3 or 4 drinks, 1
  - 5 or 6 drinks, 2
  - 7 to 9 drinks, 3
  - 10 or more, 4
  
3. How often do you have six or more drinks on one occasion?
  - Never, 0
  - Monthly or less, 1
  - Two to four times a month, 2
  - Two to three times a week, 3
  - Four or more times a week, 4
  
4. How often during the last year have you found that you were not able to stop drinking once you had started?
  - Never, 0
  - Monthly or less, 1
  - Two to four times a month, 2
  - Two to three times a week, 3
  - Four or more times a week, 4
  
5. How often during the last year have you failed to do what was normally expected from you because of drinking?
  - Never, 0
  - Monthly or less, 1
  - Two to four times a month, 2
  - Two to three times a week, 3
  - Four or more times a week, 4
  
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
  - Never, 0
  - Monthly or less, 1

- Two to four times a month, 2
- Two to three times a week, 3
- Four or more times a week, 4

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

- Never, 0
- Monthly or less, 1
- Two to four times a month, 2
- Two to three times a week, 3
- Four or more times a week, 4

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- Never, 0
- Monthly or less, 1
- Two to four times a month, 2
- Two to three times a week, 3
- Four or more times a week, 4

9. Have you or someone else been injured as a result of your drinking?

- No, 0
- Yes, but not in the last year, 2
- Yes, during the last year, 4

10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking, or suggested you cut down?

- No, 0
- Yes, but not in the last year, 2
- Yes, during the last year, 4

**Scoring:** The number for each response is the number of points. Answers for each question range from 0 to 4. There is no set cut-off point indicating harmful use. A score of 2 or more indicates some level of harmful use. The particular score that warrants a further evaluation depends in part on the situation, e.g. a score of 3 for someone scheduled for surgery would clearly warrant further evaluation, although this might not be as critical for the healthy individual who is seen during a routine annual physical. However, patient education/harm reduction efforts are indicated for anyone who scores over a 1.

## Sensitivity and Specificity

	% those with score who <i>have</i> alcohol abuse/dependence	% all alcoholics with this score	% all alcoholics with lower score
Score 12	97%	28 %	72%
Score 8	90%	61%	39%
Score 2	25%	97%	3%