

Name

Date of Birth



**DR PINDER
& PARTNERS**

Over 75 years of care

ALCOHOL

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	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often do you have 6 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring:

A total of 5+ indicates increasing or higher risk drinking.
An overall total score of 5 or above is AUDIT-C positive.



SMOKING INFORMATION QUESTIONNAIRE

1. Do you smoke? Yes No
Go to question 3 Go to question 2

2. Have you ever smoked? Yes No

What do you smoke? Cigarettes
Cigars
Pipe
Roll ups

3. How many do you smoke in a day?

Less than 5 5-10 11-15 16-20 21-30 31 or more