



# Alcohol Misuse/Abuse (Audit C)

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

Patient Name: \_\_\_\_\_ Patient Gender: M  F

Patient DOB: \_\_\_\_\_ HcXUmj'8 UH. \_\_\_\_\_

Did you have a drink containing alcohol in the past year?

- Yes
- No

**ƵİMYg' <ck 'cZYb'X]X'nci \ Uj Y'U'Xf]b\_ 'Wc'bhU]b]b[ 'U'Wc\ c``]b'h Y'dUghmYUf3**

- Never
- Monthly or less
- Two or four times a month
- Two or three times a week
- Four or more times a week

**ƵBMYgD' <ck 'a UbmXf]b\_g'X]X'nci \ Uj Y'cb'U'hd]WU'XUmik\ Yb'nci 'k YfY'Xf]b\_]b[ ']b'h Y'dUgf8**

- 1 or 2
- 3 or 4
- 5 or 6
- 7 or 9
- 10

**ƵİMYgD' <ck 'cZYb'X]X'nci \ Uj Y'g]l 'cf'a cfY'Xf]b\_g'cb'cbY'cWUg]cb]'b'h Y'dUghmYUf3**

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

†D'YUg' df YgYbh'Wc'a d'YhX'ei Ygh]cbbU]fY'hc'nci f'Dfcj ]Xyf]g'7`]b]WU'5 gg]ghUbhU'nci f'Uddc]b]a YbH†