**The following drinks have more than 1 unit:**

A pint of regular beer, lager or cider, a pint of strong /premium beer, lager or cider, 440ml regular can cider/lager, 440ml“super” lager, 250ml glass of wine (12%) or a bottle of wine.

**UNIT GUIDE**

**1 unit is typically:**

Half-pint of regular beer, lager or cider; 1 small glass of low ABV wine (9%); 1 single measure of spirits (25ml)



|  |  |  |
| --- | --- | --- |
| AUDIT-C Questions (Validated for screening alcohol use) | **Scoring system** | **Your score** |
| **0** | **1** | **2** | **3** | **4** |
| How often do you have a drink containing alcohol? | Never | Monthlyor less | 2-4 times per month | 2-3 times per week | 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 |  |
|   **TOTAL :** |

A score of **less than 5** indicates *lower risk drinking* (see overleaf)

**Scores of 5+** requires the following 7 questions to be completed:

|  |  |  |
| --- | --- | --- |
| **AUDIT Questions** (after completing AUDIT-C questions above) | **Scoring system** | **Your score** |
| **0** | **1** | **2** | **3** | **4** |  |
| How often during the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you failed to do what was normally expected from you because of your drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you had a feeling of guilt or remorse after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you been unable to remember what happened the night before because you had been drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| Have you or somebody else been injured as a result of your drinking? | No |  | Yes, but not in the last year |  | Yes, during the last year |  |
| Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down? | No |  | Yes, but not in the last year |  | Yes, during the last year |  |
|  **TOTAL**  |

**SCORING: ADD the 2 scores together to identify necessary action (e.g. Brief Advice)**

 **AUDIT C \_\_\_\_\_ + AUDIT \_\_\_\_\_ =**

###### “Based on your answers, your drinking places you in the … risk category.”

###### (for 8+ scores lead to Brief Advice with) “How do you feel about that?”

 AUDIT SCORE RISK CATEGORY DESIRED ACTION

**0 –7 Lower risk = No intervention required**

**8 –15 Increasing risk = Brief Advice + alcohol leaflet**

**16-19 Higher risk = Brief Advice + leaflet + signposting to**

**Alcohol Wellbeing Advisor or DrinkCoach**

**20+ Possible dependence = Referral to DAWN**

**TRAINING**

Free, online alcohol Identification and Brief Advice (IBA) training

is available by registering for an account:

<https://www.e-lfh.org.uk/programmes/alcohol/>