

# Alcohol use problems

Yes

A. No. of units of alcohol in a typical day when drinking? .....

B. No. of days/week having alcoholic drinks? .....

## If YES to any of the above, continue below

1. Have you been unable to stop, reduce or continue your drinking? .....

2. Have you ever felt such a strong desire or urge to drink that you could not resist it? .....

3. Did stopping or cutting down on your drinking ever cause you problems, such as:

the shakes? .....

being unable to sleep.....

feeling nervous or restless? .....

sweating? .....

heart beating fast? .....

headaches? .....

fits or seizures? .....

4. Have you ever continued to drink when you know that you had problems that can be made worse by drinking? .....

5. Has anyone expressed concern about your drinking; for example, your family, friends or your doctor? .....

## Summing up

If A x B is 21/week or more for men, or 14/week or more for women:  
possible **alcohol problem** .....

If A x B is 21/week or more for men, or 14/week or more for women and  
Positive to any of 1–5: likely **alcohol problem** .....