

Entered: __/__/20__
mm dd yy

Initials: _____

Verified: __/__/20__
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Initials: _____

Patient ID _____ - **ID** _____ - _____

Visit: **VISIT**

For office use only.

Audit (AUD) – Version: 10/17/2014 FORMV

Form Completion Date __/__/20__ **AUDDAT**
mm dd yy

1. How often did you have a drink containing alcohol, in the **past 12 months?** **ETOH**

- 0. Never → *Skip to next assessment*
- 1. Monthly or less
- 2. Two to four times a month
- 3. Two to three times per week
- 4. Four or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking? **DRINKS**

- 1 or 2 drinks
- 3 or 4 drinks
- 5 or 6 drinks
- 7 to 9 drinks
- 10 or more drinks

3. How often do you have six or more drinks on one occasion? **DRINK6**

- Never
- Less than monthly
- Monthly
- Weekly (2 to 3 times/week)
- Daily or almost daily (4 or more times a week)

4. How often, during the **past 12 months**, have you found that you were not able to stop drinking once you had started? **STOPETOH**

- Never
- Less than monthly
- Monthly
- Weekly (2 to 3 times/week)
- Daily or almost daily (4 or more times a week)

5. How often, during the **past 12 months**, have you failed to do what was normally expected from you because of drinking? **FAILETOH**

- Never
- Less than monthly
- Monthly
- Weekly (2 to 3 times/week)
- Daily or almost daily (4 or more times a week)

6. How often, during the **past 12 months**, have you needed a first drink in the morning to get yourself going after a heavy drinking session? **MORNETOH**

- Never
- Less than monthly
- Monthly
- Weekly (2 to 3 times/week)
- Daily or almost daily (4 or more times a week)

7. How often, during the **past 12 months**, have you had a feeling of guilt or remorse after drinking? **REMOETOH**

- Never Less than monthly Monthly Weekly (2 to 3 times/week) Daily or almost daily (4 or more times a week)

8. How often, during the **past 12 months**, have you been unable to remember what happened the night before because you had been drinking? **NOMEMORY**

- Never Less than monthly Monthly Weekly (2 to 3 times/week) Daily or almost daily (4 or more times a week)

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

- No Yes, but not in the past 12 months Yes, during the last year

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

- No Yes, but not in the past 12 months Yes, during the last year

11. Does the effect of alcohol on you differ from before surgery? 0. No 1. Yes **ALCEFFCT**