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FAST QUESTIONNAIRE

As you will probably be aware, the Scottish Government are trying very hard to combat the problem of excessive alcohol intake. Within general practice, we have been asked to help by trying to identify anyone whose alcohol intake, while not actually causing problems, may be high enough to have an effect on health in the future.

It would be much appreciated if you would complete this questionnaire in the waiting room, and take it in with you to give to the doctor.

To bring our records up-to-date, we have added a question on current smoking habits.

Smoking Status – please tick the appropriate box (✓)

Never smoked		
Ex-smoker		Year stopped:
Current smoker and I wish to stop		Quantity/day:
Current smoker and I don't wish to stop		Quantity/day:

For the following questions, please tick the answer which best applies.

1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits

What is your average weekly number of alcohol drinks?

MEN: How often do you have EIGHT or more drinks on one occasion?	Never <input type="checkbox"/> 0	Less than monthly <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or almost daily <input type="checkbox"/> 4
WOMEN: How often do you have SIX or more drinks on one occasion?					
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never <input type="checkbox"/> 0	Less than monthly <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or almost daily <input type="checkbox"/> 4
How often during the last year have you failed to do what was normally expected of you because of drinking?	Never <input type="checkbox"/> 0	Less than monthly <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or almost daily <input type="checkbox"/> 4
In the last year has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?	Never <input type="checkbox"/> 0	Less than monthly <input type="checkbox"/> 1	Monthly <input type="checkbox"/> 2	Weekly <input type="checkbox"/> 3	Daily or almost daily <input type="checkbox"/> 4