**This is one unit of alcohol…**



Half pint of “regular” beer, lager or cider



Half a small glass of wine

1 single measure of spirits



1 small glass of sherry



1 single measure of aperitifs



**2**

Pint of “regular” beer, lager or cider

Alcopop or a 275ml bottle of regular lager



**1.5**

440ml can of “regular” lager or cider



**2**

440ml can of“super strength” lager



**4**

75cl Bottle of wine (12%)



**9**

Pint of“strong” or  
”premium” beer, lager or cider



**3**

250ml glass of wine (12%)



**3**

**…and each of these is more than one unit**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FAST** | **Scoring system** | | | | | **Your score** |
| **0** | **1** | **2** | **3** | **4** |
| 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 |  |
| **Only answer the following questions if the answer above is Never (0), Less than monthly (1) or Monthly (2). Stop here if the answer is Weekly (3) or Daily (4).** | | | | | | |
| 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 been unable to remember what happened the night before because you had been drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| 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 |  |

**Scoring:**

If score is 0, 1 or 2 on the first question

**SCORE**

continue with the next three questions

If score is 3 or 4 on the first question – stop here.

**An overall total score of 3 or more is FAST positive**.

**What to do next?**

If FAST positive, complete remaining AUDIT questions (this may include the three remaining questions above as well as the six questions on the second page) to obtain a full AUDIT score.

**Score from FAST (other side)**

**SCORE**

**Remaining AUDIT questions**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Questions** | **Scoring system** | | | | | **Your score** |
| **0** | **1** | **2** | **3** | **4** |
| How often do you have a drink containing alcohol? | Never | Monthly  or 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? | 0 -2 | 3 - 4 | 5 - 6 | 7 - 8 | 10+ |  |
| 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 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 |  |
| 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 |  |

**TOTAL AUDIT Score (all 10 questions completed):**

0 – 7 Lower risk,

**TOTAL**

8 – 15 Increasing risk,

**TOTAL**

16 – 19 Higher risk,

20+ Possible dependence