

Assessment: Adapted from the Alcohol Use Disorders Inventory Test - Concise (AUDIT-C)

				0 pt		1 pt		2 pt		3 pt		4 pt	
How often do you have a drink containing alcohol?					Never		Monthly or less		2-4 times a month		2-3 times a week		4 or more times a week
How many standard drinks containing alcohol do you have on a typical day?					0, 1, or 2		3 or 4		5 or 6		7 to 9		10 or more
How often do you have six or more drinks on one occasion?					Never		Less than monthly		Monthly		Weekly		Daily or almost daily
Subtotals													
Total score					Enter score below								
Male		0-3	Low risk		4-12	At risk drinking	Female		0-2	Low risk		3-12	At risk drinking

Assessment: Adapted from the Drug Abuse Screening Test - 10 Question (DAST-10)

These questions refer to the past 12 months.												No		Yes	
Have you used drugs other than those required for medical reasons?												0		1	
Do you abuse more than one drug at a time?												0		1	
Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes.")												1		0	
Have you had "blackouts" or "flashbacks" as a result of drug use?												0		1	
Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No."												0		1	
Does your spouse (or parent) ever complain about your involvement with drugs?												0		1	
Have you neglected your family because of your use of drugs?												0		1	
Have you engaged in illegal activities in order to obtain drugs?												0		1	
Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?												0		1	
Have you had medical problems as a result of your drug use (eg, memory loss, hepatitis, etc.)?												0		1	
Subtotals															
Total score															
0	No problem	1-2	Low	3-5	Moderate	6-8	Substantial	9-10	Severe						