Introduction: Now I would ask you a few questions regarding your drinking in the last 3 months.

**AUDIT 1**  
How often do you have a drink containing alcohol?  
0 - Never [Skip to Qs 9-10]  
1 - Monthly or less  
2 - Two to four times in a month  
3 - Two to three times a week  
4 - Four or more times a week

**AUDIT 2**  
How many drinks do you have on a typical day when you are drinking? (Note: 1 drink=10g). (use table given)  
0 - 1 or 2 drinks  
1 - 3 or 4 drinks  
2 - 5 or 6 drink  
3 - 7, 8 or 9 drinks  
4 - 10 drinks or more

**AUDIT 3**  
How often do you have 6 or more drinks on one occasion? (replace with equivalent amount from box given alongside)  
0 - Never  
1 - Less than monthly  
2 - Monthly  
3 - Weekly  
4 - Daily or almost daily

*Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0*

**AUDIT 4**  
How often during the last three months have you found that you were not able to stop drinking once you started?  
0 - Never  
1 - Less than monthly  
2 - Monthly  
3 - Weekly  
4 - Daily or almost daily

**AUDIT 5**  
How often during the last three months have you failed to do what was normally expected of you because of drinking?  
0 - Never  
1 - Less than monthly  
2 - Monthly  
3 - Weekly  
4 - Daily or almost daily

**AUDIT 6**  
How often during the last three months have you needed a first drink in the morning to get yourself going after a heavy drinking session?  
0 - Never  
1 - Less than monthly  
2 - Monthly  
3 - Weekly  
4 - Daily or almost daily

**Note: 6 drinks is equal to:**  
Regular Beer: 2 and ½ bottles  
Strong Beer: 1 and ½ bottle  
Spirits: 1 Quarter  
Wine: 1 bottle  
Caju Feni: 1 Quarter  
Coconut Feni: 1 and ½ Quarter  
Urrack: 2 Quarters  
Pre-Mixed Drinks: 6 bottles
**AUDIT 7**
How often during the last three months have you had a feeling of guilt or remorse after drinking?
0 - Never
1 - Less than monthly
2 - Monthly
3 - Weekly
4 - Daily or almost daily

**AUDIT 8**
How often during the last three months have you been unable to remember what happened the night before because you had been drinking?
0 - Never
1 - Less than monthly
2 - Monthly
3 - Weekly
4 - Daily or almost daily

**AUDIT 9**
Have you or someone else been injured because of your drinking?
0 - Never
2 - Yes, but not in the last three months
4 - Yes, during the last three months

**AUDIT 10**
Has a relative, friend, doctor or other health worker been concerned about your drinking or suggested that you should cut down?
0 - Never
2 - Yes, but not in the last three months
4 - Yes, during the last three months