



Trial ID:

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 are 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

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 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



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