

## Hazardous and harmful drinking

The AUDIT-5 questionnaire; Items 1, 2, 4, 5 and 10 from the original AUDIT-10 version.

1. How often do you have a drink containing alcohol?
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
4. How often during the past year have you found that you were not able to stop drinking once you started

	Never	Less than monthly	Weekly	Daily	Almost
5. How often during the past year have you failed to do what was normally expected of you because of your drinking?					

	No	Yes, but not in the past year	Yes, during past year
10. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?			