

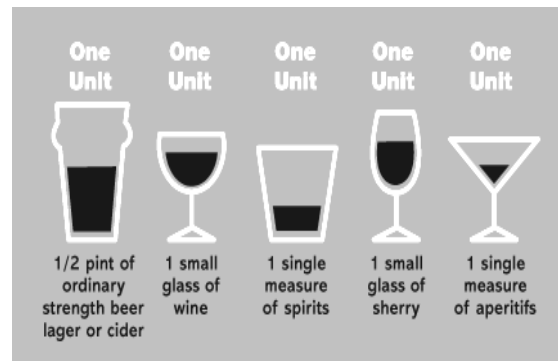
f) The Alcohol Users Disorders Identification Test

Do you drink alcohol? Yes / No

If Yes, please complete the Alcohol Users Disorders Identification Test, below

**The Alcohol Users Disorders Identification Test
Shortened AUDIT Questionnaires**

<p>1. How often do you have a drink containing alcohol?</p> <p>(0) Never (1) Monthly or less (2) 2-4 times a month (3) 2-3 times a week (4) 4 or more times a week</p>	<input style="width: 40px;" type="text"/>
<p>2. How many standard alcoholic drinks do you have on a typical day when you are drinking?</p> <p>(0) 1 - 2 (1) 3 - 4 (2) 5 - 6 (3) 7 - 9 (4) 10 or more</p>	<input style="width: 40px;" type="text"/>
<p>3. How often do you have 6 or more standard drinks on one occasion?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p>	<input style="width: 40px;" type="text"/>
<p>Record total of specific items here <input style="width: 40px;" type="text"/></p> <p><i>If the total score is five or above it might be useful to discuss alcohol consumption further</i></p>	



g) Family History – Do any illnesses run in your family?

	Family Member		Family Member
CANCER		HIGH BLOOD PRESSURE	
STROKE		ASTHMA	
DIABETES		CORONARY HEART DISEASE	
OTHER			

Are you allergic to anything? Yes / No

If Yes, to what are you allergic

h) For Women Only

Have you had a **Hysterectomy**

If Yes, when?

Date:

Signed:

Date: