



# Alcohol and Substance Use Screening Questionnaire

In the past 3 months...(please **circle the best response** to each question).

1. How often did you have a drink containing alcohol?	Never	Monthly or Less	2-3 times a month	2-3 times a week	4+times a week	Any score over 1: recommend <u>AUDIT</u>	
	0	1	2	3	4		
2. How many drinks containing alcohol did you have on a typical day when you were drinking?	Never	1 or 2 drinks	3 or 4 drinks	5 or 6 drinks	7,8 or 9 drinks	10 or more drinks	Any score over 1: recommend <u>AUDIT</u>
	0	1	1	2	3	4	
3. How often did you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		Any score over 1: recommend <u>AUDIT</u>
	0	1	2	3	4		
4. How often have you used marajuana?	Never	Not Monthly	Monthly	Weekly	Daily or almost daily		Any score over 1: recommend <u>CUDIT</u>
	0	1	2	3	4		
5. How often have you used an illegal drug or a prescription medication for non-meidcal reasons*?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		Any score over 1: recommend <u>DAST-10</u>
	0	1	2	3	4		