



St Stephens Gate
MEDICAL PRACTICE

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Alcohol Related Screening Test

Dear New Patient

If you are 16 years of age or older, please fill in the alcohol consumption test below. Please tick the boxes that apply to you and hand in at reception. If your score is 3 or more you will be invited for an appointment with a nurse to discuss your alcohol consumption further and if appropriate the nurse will give you advice on reducing your risk of harmful drinking.

Thank-you

Your Name:

UNITS



Pint of Regular Beer/Lager/Cider



Alcopop or Can of Lager



Glass of Wine (175ml)



Single Measure of Spirits



Bottle of Wine

Fast Alcohol Screening Test (FAST)

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have 8 (men)/6 (women) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Only answer the following questions if your answer above is monthly or less						
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	