Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Fast Alcohol Screening Test (FAST)**

The Fast Alcohol Screening Test (FAST) is a simple test that you can use to check whether your drinking has reached hazardous levels.

FAST consists of four questions, listed below. The number after each answer is that answer’s score.

1. How often do you drink eight or more units (men) or six or more units (women) on one occasion?
* Never (if this is your answer you can stop the test)
* Less than monthly (1)
* Monthly (2)
* Weekly (3)
* Daily or almost daily (4)
1. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
* Never (0)
* Less than monthly (1)
* Monthly (2)
* Weekly (3)
* Daily or almost daily (4)
1. How often during the past year have you failed to do what was normally expected of you because you had been drinking?
* Never (0)
* Less than monthly (1)
* Monthly (2)
* Weekly (3)
* Daily or almost daily (4)
1. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested that you cut down?
* No (0)
* Yes, on one occasion (1)
* Yes, on more than one occasion (2)

**TOTAL SCORE** …………..

A FAST score of three or more indicates that you are drinking at a hazardous level. If this is the case please book an appointment to discuss this with your GP.

PLEASE RETURN THIS QUESTIONNAIRE TO THE REGISTRATION OFFICER.