

ALCOHOL, ANXIETY & DEPRESSION REFLECTIVE QUESTIONNAIRE

NAME		DATE OF BIRTH					
Alcohol Scoring System							
	Questions	0	1	2	3	4	Your score
AUDIT – C – 38D4 (5or more enter AUDIT score too)	How often do you have a drink containing alcohol	Never	Monthly or less	2 – 4 times per month	2 – 3 times per week	4+ times per week	
	How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 8	10+	
	How often have you have 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
AUDIT – 38D3	How often in the last year have you found you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
	How often in the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
	How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
	How often in the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
	How often in the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
	Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
	Has a relative/friend/doctor/ health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	
YOUR TOTAL ALCOHOL SCORE							
If your alcohol score above is 8 or more please answer the following sets of questions (for anxiety & depression):							
Questions for Anxiety – over the last 2 weeks how often have you been bothered by any of the following problems?		Not at all	Several days	More than half the days	Nearly every day	Your score	
Feeling nervous, anxious or on edge		0	1	2	3		
Not being able to stop or control worrying		0	1	2	3		
Worrying too much about different things		0	1	2	3		
Trouble relaxing		0	1	2	3		
Being so restless that it is hard to sit still		0	1	2	3		
Becoming easily annoyed or irritable		0	1	2	3		
Feeling afraid as if something awful might happen		0	1	2	3		
YOUR TOTAL ANXIETY (GAD-7) SCORE							
Questions for Depression - over the last 2 weeks how often have you been bothered by any of the following problems?		Not at all	Several days	More than half the days	Nearly every day	Your score	
Little interest or pleasure in doing things		0	1	2	3		
Feeling down, depressed or hopeless		0	1	2	3		
Trouble falling or staying asleep or sleeping too much		0	1	2	3		
Feeling tired or having little energy		0	1	2	3		
Poor appetite or over eating		0	1	2	3		
Feeling bad about yourself – or that you are a failure or have let yourself or your family down		0	1	2	3		
Trouble concentrating on things, such as reading the newspaper or watching TV		0	1	2	3		
Moving or speaking so slowly that othr people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual		0	1	2	3		
Thoughts that you would be better off dead or of hurting yourself in some way		0	1	2	3		
YOUR TOTAL DEPRESSION (PHQ-9) SCORE							

UNIVERSITY


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ALCOHOL, ANXIETY AND DEPRESSION REFLECTIVE QUESTIONNAIRE – PATIENT GUIDANCE 2014

For many people, having a drink with friends is one of the pleasures of life. However, for others drinking may lead to a variety of problems. This is because they drink too much, too often.

We would like to ask you to complete a screening questionnaire when you register with the Practice to enable you to determine whether you are a sensible drinker, requiring no further action, or whether you could benefit from some simple, structured advice to promote “low risk” drinking.

We would ask that you complete the questionnaire overleaf and return it to the reception staff with your completed registration form.

If your alcohol score is 8 or more (classified as being as an increasing or higher risk level), evidence suggests that this COULD be related to a mental health issue (e.g. anxiety and/or depression), and we would ask that you complete the anxiety and depression questions too. This will help us assess if we can offer you any additional help.

Please note that when reflecting on your levels of alcohol consumption, please think about an “average” period of time, rather than the period of time when joining University, as experience tells us that many students increase their alcohol intake temporarily during the first few weeks at University!

Once completed, please return this form to the receptionist with your registration form – thank you!