

Date:  
Gestation:

ADAPTED AUDIT- C TOOL



North East and North Cumbria  
Local Maternity System



330 ml  
bottle of  
beer

1.5  
units

(5% abv)

Pint of  
stout or  
lager

2.3  
units

(4% abv)

275ml  
bottle of  
alcopop

1.5  
units

(5.5% abv)

125ml  
glass of  
prosecco

1.5  
units

(12% abv)

250ml glass  
of wine

3  
units

(12% abv)

750ml  
bottle of  
wine

9  
units

(12% abv)

25ml shot  
of spirit

1  
units

(35% abv)

Pint of  
cider

2.6  
units

(4.5% abv)

Examples of common drinks

**Part A:** In the 12 months before you knew you were pregnant?

How often would you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
How many units of alcohol would you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+
How often did you have 6 or more units, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

**Part B:** When was your last alcoholic drink?

a) Since finding out you are pregnant which of the following best describes your alcohol use:

Daily drinker		Infrequent drinker	
Non-drinker		Social drinker	

How difficult is it for you to abstain from alcohol whilst pregnant?

0 —————> 10  
Not difficult Really difficult

**For Professional Use**

Part A	Question	Score
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		0	1	2	3	4
1	How often would you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
2	How many units of alcohol would you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+
3	How often did you have 6 or more units, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

**PART C** – If finding it difficult to abstain or if reports current drinking in pregnancy or scores 5 or more on AUDIT-C to complete below with woman based on 12 months pre-pregnancy and refer to Consultant/Specialist Midwife.

Part C	Question	Score				
		0	1	2	3	4
4	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
5	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
6	How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7	How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8	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
9	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
10	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

**Scoring:** 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence

**Q1-10  
TOTAL =**