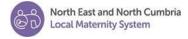
Date: Gestation:

ADAPTED AUDIT- C TOOL





















330 ml bottle of beer 1.5 units

(5% abv)





(5.5% 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 o	difficult is	it for v	ou to	abstain	from	alcohol	whilst	pregnant?
			,	abotaiii		4.000.		p. 09.14.11.

#### For Professional Use

- 1	<u> </u>						
	Part A	Question	Score				

Date: Gestation:

### ADAPTED AUDIT- C TOOL





		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

<u>PART C</u> – 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 prepregnancy and refer to Consultant/Specialist Midwife.

<b>Part</b>	Question	Score					
C		0	1	2 3	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

