

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
---------------	-----------------	--------------

Date:
Gestation:

ADAPTED AUDIT- C TOOL



North East and North Cumbria
Local Maternity System

		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 =**