

Please Attach Patient Label CHI: _____ CRN: _____ Name: _____ Dob: _____ Address: _____ Postcode: _____	Alcohol By Volume (ABV%)	Average Units (ABV% x Vol)
	Strong Lager 9% (440mls) Beer/ Lager 4.5% (Pint/500mls Can/Bottle) Wine (e.g. Buckfast) 15% (750mls) Wine (Table) 12% (750mls) Wine (Table) 12% (175ml glass) Alcopops 5% (330mls) Spirits 40% (25ml measure) Spirits 40% (¼ bottle 175mls) Spirits 40% (Litre) Spirits 40% (700mls) Cider 4% (Litre) Cider 4% (440mls) Strong White Cider 8% (Litre) Strong White Cider 8% (300ml glass)	4.0 Units 2.2 Units 11.0 Units 9.0 Units 2.1 Units 1.5 Units 1.0 Unit 7.0 Units 40.0 Units 30.0 Units 4.0 Units 1.8 Units 8.0 Units 2.4 Units

Number of Units = ABV (%) x Volume (litres)

eg A bottle of wine (750mls) which is 12% ABV = 12 x 0.75 = 9 Units
 A glass of wine (200mls) which is 12% ABV = 12 x 0.2 = 2.4 Units

Estimated Weekly Alcohol Units : (Daily Units x Number of Days per Week)	Excessive Weekly Consumption (♂: >21 units/week; ♀: >14 units/week)
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Estimated Date / Time Of Last Drink _____ (If ≥ 5 Days, Re-consider Alcohol Withdrawal Status)

Presents With (or has Previous History of) Alcohol Related Seizures Yes No

Presents With (or has Previous History of) Severe Alcohol Withdrawal Yes No

<p>Fast Alcohol Screening Tool - FAST:</p> <p style="text-align: center;">Note : <u>1 drink = 1 unit of alcohol (refer to table above)</u></p> <p>1. MEN: How often do you have EIGHT or more drinks on one occasion? WOMEN: How often do you have SIX or more drinks on one occasion?</p> <p>Never <input type="checkbox"/>0 Less than monthly <input type="checkbox"/>1 Monthly <input type="checkbox"/>2 Weekly <input type="checkbox"/>3 Daily or almost daily <input type="checkbox"/>4</p> <p>2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</p> <p>Never <input type="checkbox"/>0 Less than monthly <input type="checkbox"/>1 Monthly <input type="checkbox"/>2 Weekly <input type="checkbox"/>3 Daily or almost daily <input type="checkbox"/>4</p> <p>3. How often during the last year have you failed to do what was normally expected of you because of drinking?</p> <p>Never <input type="checkbox"/>0 Less than monthly <input type="checkbox"/>1 Monthly <input type="checkbox"/>2 Weekly <input type="checkbox"/>3 Daily or almost daily <input type="checkbox"/>4</p> <p>4. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?</p> <p>No <input type="checkbox"/>0 Yes, on one occasion <input type="checkbox"/>2 Yes, on more than one occasion <input type="checkbox"/>4</p>	<p>Score of 3 or more: FAST Positive</p> <p>Total <input style="width: 40px; height: 30px;" type="text"/></p> <p>FAST Positive?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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FAST 0-2:	Negative: No action required.
FAST 3-8:	Hazardous Drinking: Advise regarding safe drinking levels and offer information leaflet / advice.
FAST 9-16:	Probable Dependent Drinking: Advice as above and consider referral to Addiction Liaison Service.