



January 2025

Dear Provider,

Please see the following [Alcohol Misuse Screening Forms](#). For a more detailed explanation on this guide, please see below:

QUESTION	ANSWER
WHAT ARE THESE FORMS?	The <a href="#">Alcohol Misuse Screening Forms</a> are valid and reliable tools for screening patients for alcohol misuse or dependence.
WHY ARE WE SENDING THESE FORMS?	<p>The alcohol screening forms can help identify patients who are hazardous drinkers or have active alcohol use disorders (including alcohol abuse or dependence).</p> <p>Alcohol use is associated with considerable mortality and morbidity issues. Although it is not a requirement, it is recommended that clinicians screen all adults and provide brief counseling interventions to at-risk patients.</p>
HOW SHOULD YOU USE THESE FORMS?	<p>Screen all Medicare patients beginning with the <b>Audit – C</b> form. If a patient scores less than 5 indicates lower risk drinking, there is no intervention required. If patient <b>Scores 5+</b>, continue <b>Audit with remaining 7 questions</b> and <b>identify necessary interventions</b>.</p> <p>Please include all completed forms and follow-up plans in the patient’s medical record.</p>
WHEN SHOULD YOU BEGIN USING THESE FORMS?	We recommend <u>immediate</u> implementation.
WHAT ARE THE FORM GUIDELINES?	To bill Audit-C Form, the questionnaire must be fully completed, including both the gray and pink sections. Code G0442 cannot be billed if the Audit-C Form is incomplete.

For any questions relating to this document, please contact: [info@americanchoicehealthcare.com](mailto:info@americanchoicehealthcare.com)

# ALCOHOL SCREENING TOOL

## 1 unit is typically:

Half-pint of regular beer, lager or cider; 1 small glass of low ABV wine (9%); 1 single measure of spirits (25ml)

## UNIT GUIDE



## The following drinks have more than one unit:

A pint of regular beer, lager or cider, a pint of strong /premium beer, lager or cider, 440ml regular can cider/lager, 440ml "super" lager, 250ml glass of wine (12%)



The following questions are validated as screening tools for alcohol use

AUDIT- C Questions	Scoring system					Your score
	0	1	2	3	4	
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	7-9	10+	
How often have you had 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	
TOTAL :						<input type="text"/>

A score of **less than 5** indicates *lower risk drinking* (see overleaf)

**Scores of 5+** requires the following 7 questions to be completed:

AUDIT Questions (after completing 3 AUDIT-C questions above)	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during 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 during 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 during 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 somebody 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 or friend, doctor or other 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	
TOTAL						<input type="text"/>

**PLEASE TURN OVER for scoring & next steps >>>>>**

# ALCOHOL SCREENING TOOL

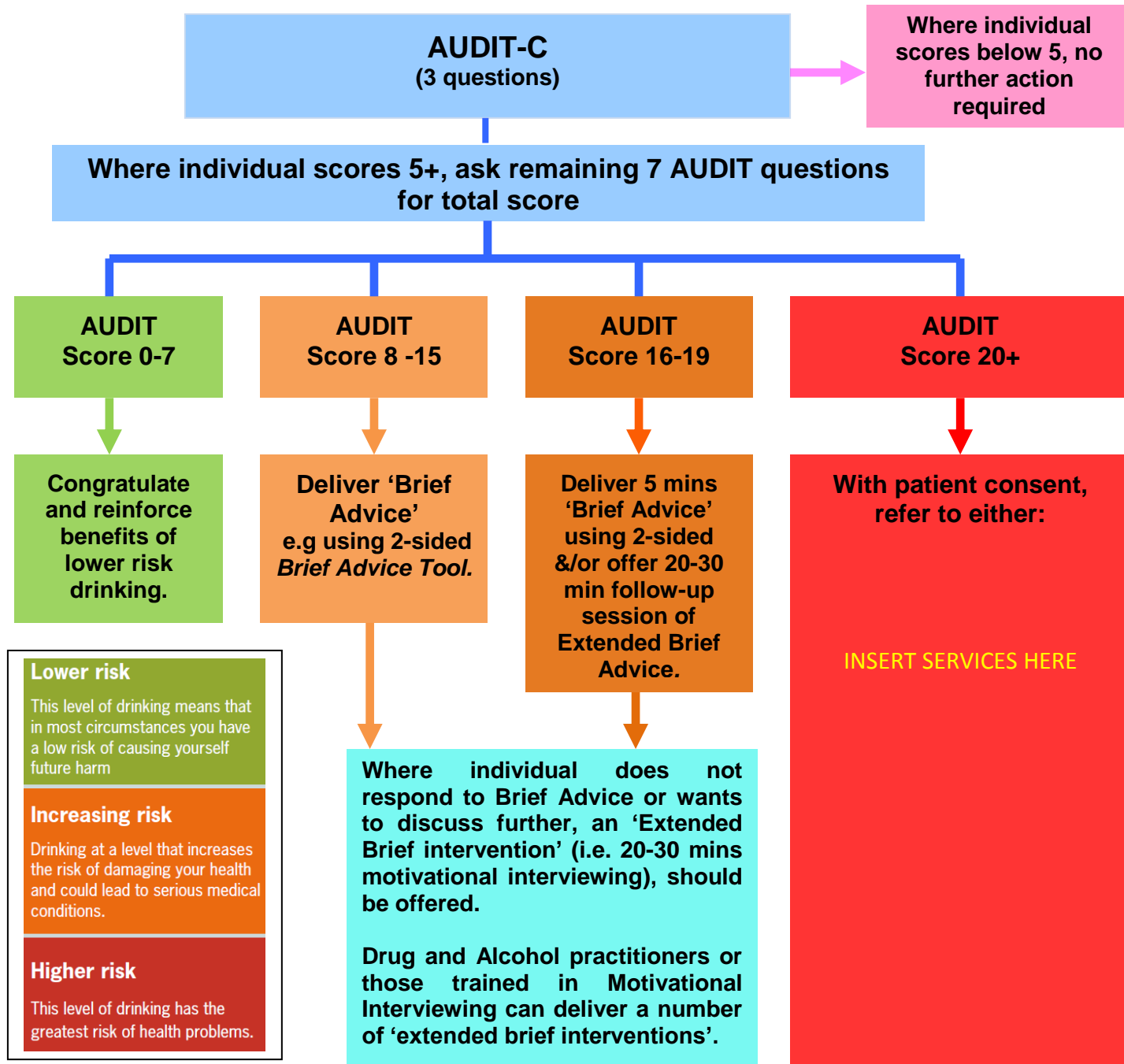
**SCORING: ADD the 2 scores together to identify necessary action (e.g. Brief Advice)**

**AUDIT C \_\_\_\_\_ + AUDIT \_\_\_\_\_ =**

"Based on your answers, your drinking places you in the ... risk category."  
(for 8+ scores lead to Brief Advice with) "How do you feel about that?"

AUDIT SCORE	RISK CATEGORY	DESIRED ACTION
0 –7	<b>Lower risk</b>	= No intervention required
8 –15	<b>Increasing risk</b>	= Brief Advice
16-19	<b>Higher risk</b>	= Brief Advice and/or extended BA
20+	<b>Possible dependence</b>	= Referral to services (see below)

## Brief Intervention (IBA) pathway



For Brief Intervention/IBA tools and e-learning visit [www.alcohollearningcentre.org.uk](http://www.alcohollearningcentre.org.uk) and see 'topics'> 'IBA'