



Alcohol Abuse Prevention and Treatment Service
Pilot Alcohol Cessation Counselling Service

Confidential

Case Referral Form

Hotline : 2884 9876 Fax : 2884 3262

Note: Participants in this program need to score 20 or above on the **Alcohol Use Disorders Identification Test (AUDIT)** to be assessed as having a probable Alcohol Dependence.

(I) Referring Agency

Name of Agency / Hospital / Clinic : _____

Name of Referrer : _____ Tel : _____ Fax : _____

(II) Case Background

1. Name : _____(English) _____(Chinese)

2. Sex : _____ 3. Date of Birth (Age) : _____ (Month/Year) (____)

4. ID No. : _____ XXX (X) 5. Telephone No. : _____ (Mobile)

6. Address : _____

7. Occupation/ Education level : _____

8. Drinking History (age onset, consumption pattern, etc.) :

AUDIT score : _____ **(Required field)**

9. Reason(s) of referral / Service need:

10. Remarks (e.g. mental state, violent behaviour):

Signature of Referrer : _____

(_____)

Date : _____

Application in the absence of **client's written consent** will NOT be accepted, thank you.

ALCOHOL AND HEALTH QUESTIONNAIRE (AUDIT#)

Introduction

Because alcohol intake can affect health and interfere with many medications, we want to ask you some questions about your alcohol use. Your answer will remain confidential, so please be as accurate as possible. Please ask for clarification if necessary.

Part A (AUDIT-C) Please circle the answer wherever appropriate.

In the past year...	Scoring system					Your Score
	0	1	2	3	4	
1. 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	
2. How many units of alcohol do you drink on a typical day when you are drinking? (With reference to the measurements in the picture below; please add up all types of alcoholic drinks)	0 - 2	3 - 4	5 - 6	7 - 9	10+	
3. How often do you have at least 5 cans of beer/5 glasses of table wine/5 peg of spirits on one occasion? (With reference to the picture below)	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

SCORE (A): _____

Please turn over if your score is 3 or more

What is an Alcohol Unit?

The number of alcohol units of different types of alcoholic beverages can be calculated using the following formula.

$$1 \text{ Alcohol Unit} = 10 \text{ g Alcohol}$$

$$\text{Number of Units of Alcohol} = \frac{\text{Drink Volume (ml)} \times \text{Alcohol Content (\% by volume)*}}{1000} \times 0.789$$

* Alcohol content is printed on the label of the container.

Alcohol Conversion 1 alcohol unit = 10 g pure alcohol

0.7 unit	1.3 units	1.3 units	2.0 units	2.5 units	1.2 units	1.3 units	0.7 unit	5.7 units	0.6 unit	0.8 unit	0.3 unit

Common alcoholic beverages in Hong Kong relatively proportional to scale and their alcohol content (unit).

How to Interpret the Score of AUDIT-C?

0	<ul style="list-style-type: none"> Keep it up! No drinking is a healthy start to a healthy life.
1 - 2	<ul style="list-style-type: none"> Try to drink less or abstain for preventing cancer and other diseases. If you drink, limit to 2 alcohol units for men and 1 for women a day. Complete abstinence if you have medical conditions, are taking medications, operating a vehicle or machinery, are pregnant, or are underage.
3 or above	<ul style="list-style-type: none"> Please continue to answer the next 7 questions to find out more information (see overleaf).

Q3 scores ≥ 1

You tend to **binge drink** (i.e. consumption of 5 or more alcoholic drinks in a row), which is dangerous and harmful. Try to limit to 2 alcohol units for men and 1 for women a day.

Please turn over if your score is 3 or more

This questionnaire serves as a reference for you to understand your alcohol use and potential health issues associated with it. This questionnaire cannot replace a full evaluation by a healthcare professional, nor can it provide a diagnosis of alcohol dependence or any other medical condition. For professional help, please visit http://www.change4health.gov.hk/en/alcohol_aware/facts/affecting/help/

The Department of Health makes no representation or warranty as to the accuracy, completeness or reliability of the information contained in this questionnaire or the fitness of such information for any particular use.

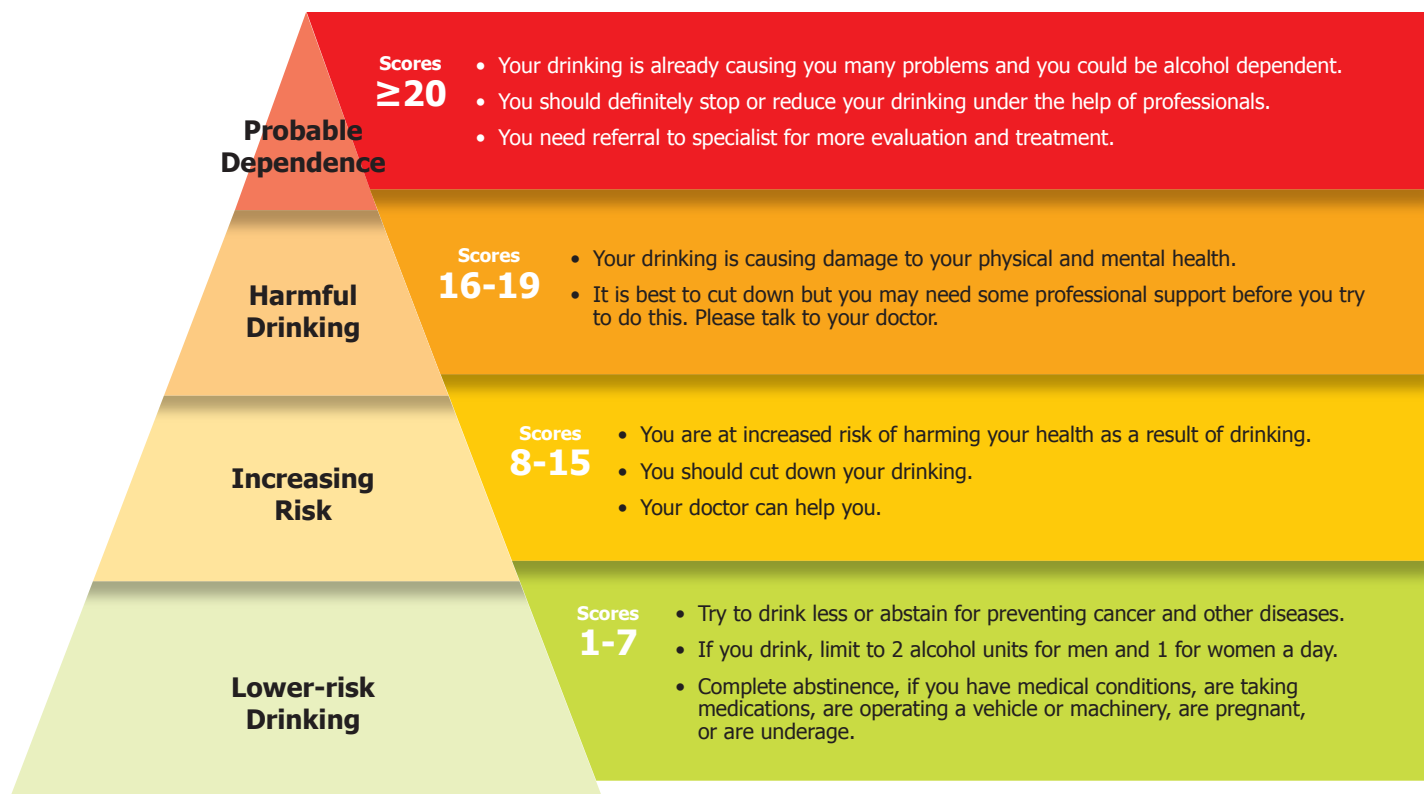
Part B (AUDIT) Please continue to circle the answer wherever appropriate.

(After completing first 3 questions) In the past year...	Scoring system					Your Score
	0	1	2	3	4	
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	
5. 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	
6. 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	
7. 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	
8. 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	
9. 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	
10. 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	

SCORE (B): _____

ADD the score from **PART A** and get your **FINAL SCORE (A+B)**: _____

How to Interpret the Final Score of AUDIT?



For electronic version for this questionnaire, please visit

<http://change4health.gov.hk/en/audit>

