

**Your Name** .....

**Date of Birth** .....

## FAST ALCOHOL SCREENING TEST (F.A.S.T)



For the following questions please **CIRCLE** the answer which best applies.

**1 drink = 1/2 pint of beer or 1 small glass of wine or 1 single spirit**

1. **MEN:** How often do you have 8 or more drinks on one occasion?  
**WOMEN:** How often do you have 6 or more drinks on one occasion?

Never                  Less than Monthly                  Monthly                  Weekly                  Daily or almost daily

2. How often during the last year have you been unable to remember what happened the night before because you have been drinking?

Never                  Less than Monthly                  Monthly                  Weekly                  Daily or almost daily

3. How often during the last year have you failed to do what was normally expected of you because of drinking?

Never                  Less than Monthly                  Monthly                  Weekly                  Daily or almost daily

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?

No                  Yes, on 1 occasion                  Yes, on more than 1 occasion