



26 Holmecross Road
Thorplands
Northampton
NN3 8AW

ALCOHOL SCREENING

Fast Alcohol Screening test (FAST)

FAST ALCOHOL SCREENING TEST

Only answer questions 2, 3 and 4 if your answer to question 1 is monthly or less

1) How often do you have 8 (men) / 6 (women) or more drinks on one occasion? N/A Never(0) Less than monthly (1) Monthly (2)
 Weekly (3) Daily or almost daily (4)

2) How often in the last year have you not been able to remember what happened when drinking the night before? N/A Never(0) Less than monthly (1) Monthly (2)
 Weekly (3) Daily or almost daily (4)

3) How often in the last year have you failed to do what was expected of you because of your drinking? N/A Never(0) Less than monthly (1) Monthly (2)
 Weekly (3) Daily or almost daily (4)

4) Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down? N/A No (0) Yes, but not in the last year (2)
 Yes, during the last year (4)

Alcohol screen – fast alcohol screening test completed

Signature _____

Parent /Guardian: _____ (if applicable)

Date: _____