

Audit Alcohol Screening Tool

A Standard Drink

12 fl oz of regular beer	= 8-9 fl oz of malt liquor (shown in a 12-oz glass)	= 5 fl oz of table wine	= 3-4 oz of fortified wine (such as sherry or port; 3.5 oz shown)	= 2-3 oz of cordial, liqueur, or aperitif (2.5 oz shown)	= 1.5 oz of brandy (a single jigger or shot)	= 1.5 fl oz shot of 80-proof spirits ("hard liquor")
						
about 5% alcohol	about 7% alcohol	about 12% alcohol	about 17% alcohol	about 24% alcohol	about 40% alcohol	about 40% alcohol

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	
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	

Scoring: 0-7=Low risk use, 8-15 =At risk use,
16-19 = High risk use, 20+ = Very high risk, possible dependence



1-800-447-2526

**We encourage you to contact
the P.I.E.R. Program or EAP to
discuss any score over 1.**



1-844-268-7251



Drug Abuse Screening Test, DAST-10

The following questions relate to your possible use or involvement with drugs (excluding alcoholic beverages) during the past 12 months.

Drug abuse refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

Drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin).

Remember that the questions do not apply to alcoholic beverages.

Score 1 point for each question answered “Yes,” except for question 3 for which a “No” receives 1 point.

In the past 12 months...	Circle YES or NO	
	YES	NO
Have you used drugs other than those required for medical reasons?	YES	NO
Do you use more than one drug at a time?	YES	NO
Are you always able to stop using drugs when you want to? (if you never use drugs, answer "Yes")	YES	NO
Have you ever had blackouts or flashbacks as a result of drug use?	YES	NO
Do you ever feel bad or guilty about your drug use?	YES	NO
Does your spouse, partner, or parents ever complain about your involvement with drugs?	YES	NO
Have you neglected your family because of your use of drugs?	YES	NO
Have you engaged in illegal activities in order to obtain drugs?	YES	NO
Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	YES	NO
Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	YES	NO

Scoring: 0= No risk; 1–2 =At risk use; 3–5 = Intermediate risk use;
6–10 = Very high risk, probable substance use disorder.



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