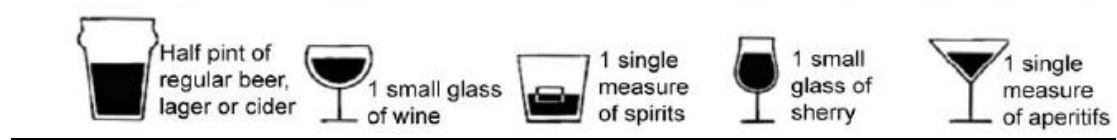


Patient Name:.....

## Alcohol and Substance Misuse Information form

### This is one unit of alcohol...



### ...and each of these is more than one unit



(A) Questions to ask young person	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	

**Scoring:** A total of 5+ indicates increasing or higher risk drinking.

**SCORE**

(B) For Clinicians to consider	Yes	No	Comments
Do you have concerns about this young person's presentation to hospital, if so, please add comments.			
Do you regularly use recreational drugs or illicit substances?			
Does the parent(s) or young person have concerns about their drinking or substance misuse?			
Did this young person sustain an injury as a result of alcohol or substance misuse?			

**Please give information leaflet to patients & leave a copy of this form with the CED card in the tray**