

Do not write, stamp, punch holes
or affix a sticker in this area.

Direction of Feed

CHI AUDIT-C

Please answer every question

To reproduce, follow the
printing instructions.
Fold only on the dotted lines.

Marking Instructions

Please use a #2 pencil.
Fill in the complete oval as shown...



PLEASE PRINT PATIENT'S LAST NAME

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PLEASE PRINT PATIENT'S FIRST NAME

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PATIENT'S DATE OF BIRTH

Month	Day	Year
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How often did you have a drink containing alcohol in the past year?

- Never
- Monthly or less
- Two to four times a month
- Two to three times a week
- Four or more times a week

----- please fold on dotted line -----

How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

- None, I do not drink
- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

How often did you have six or more drinks on one occasion in the past year?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

----- please fold on dotted line -----

SAMPLE