Fast Alcohol Screening Test (FAST)

For the fo	ollowing questions pleas	e circle the an	swer which be	est applies to you.		
	(1 drink = 1/2 pint of)	beer or 1 glass	s of wine or 1	single spirit).		
	How often do you have EN: How often do you h					
0.	1.	2.	3.	4.		
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 had been drinking?						
0.	1.	2.	3.	4.		
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?						
0.	1.	2.	3.	4.		
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?							
0.	1.	2.	3.	4.			
Never. Scoring:	Less Than Monthly.	Monthly.	Weekly.	Daily or Almost Daily			
An overall total score of 3 or more is FAST positive.							
What to do next?							
If FAST positive, complete the remaining AUDIT questions which can be found here:							

http://www.alcohollearningcentre.org.uk/_library/FAST__UNITS.doc. And consult a

health care professional if indicated.