



6025 Professional Parkway
Suite 301
Douglasville, GA 30134
Phone: 770.438.1799

1314 Concord Road SE
Smyrna, GA 30080
Fax: 770.825.9046

Audit C Questionnaire

Name: _____

Date: _____

| | |
|--|---|
| 1. How often did you have a drink containing alcohol in the past year? | |
| Never | 0 |
| Monthly or less | 1 |
| 2-4 times a month | 2 |
| 2-3 times a week | 3 |
| 4 or more times a week | 4 |
| 2. How many drinks did you have on a typical day when you were drinking in the last year? | |
| None, I do not drink | 0 |
| 1-2 | 0 |
| 3-4 | 1 |
| 5-6 | 2 |
| 7-9 | 3 |
| 10 or more | 4 |
| 3. How often did you have six or more drinks on one occasion in the past year? | |
| Never | 0 |
| Less than monthly | 1 |
| Monthly | 2 |
| Weekly | 3 |
| Daily or Almost Daily | 4 |

Total: _____