



# NATIONAL ALCOHOL SCREENING

Statistics show that the majority of college students make low-risk choices when they use alcohol. Many do not use alcohol at all! However, there are some who use alcohol in a manner that places them at risk for health, social and legal consequences. Please take a few moments to take the brief inventory below to evaluate your level of risk.

**For the following 10 questions, circle the corresponding number that comes closest to your answer. Place that number in the column on the far right. Once you have completed all 10 questions, add up the number and place the total in the box at the bottom marked total score. Refer to the scoring interpretation on the back for your results.**

1. How often do you have a drink containing alcohol?

0 = Never    1 = Monthly or less    2 = 2-4 times/month    3 = 2-3 times/week    4 = 4 or more times/week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

0 = 0    1 = 1 or 2    2 = 3 or 4    3 = 5 or 6    4 = 7 or 9    5 = 10 or more

3. How often do you have four or more drinks on one occasion?

0 = Never    1 = Less than monthly    2 = Monthly    3 = Weekly    4 = Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you started?

0 = Never    1 = Less than monthly    2 = Monthly    3 = Weekly    4 = Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

0 = Never    1 = Less than monthly    2 = Monthly    3 = Weekly    4 = Daily or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

0 = Never    1 = Less than monthly    2 = Monthly    3 = Weekly    4 = Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

0 = Never    1 = Less than monthly    2 = Monthly    3 = Weekly    4 = Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

0 = Never    1 = Less than monthly    2 = Monthly    3 = Weekly    4 = Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

0 = No    2 = Yes, but not in the last year    4 = Yes during the last year

10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking?

0 = No    2 = Yes, but not in the last year    4 = Yes during the last year

## Scoring Interpretation

Compare your total score to the appropriate box below

**Total Score 0-7:** Results are not consistent with hazardous or harmful levels of alcohol use. However, please note that the only way to be at no risk is to abstain from all alcohol use.

**Total Score 8 or above:** Screening results are consistent with hazardous or harmful drinking. Hazardous use of alcohol means that your current drinking patterns may result or has already resulted in medical or emotional problems and could cause harm to others. Harmful alcohol use may indicate the beginning or presence of alcohol dependence. It would be advisable to seek an evaluation from a professional for further clarification, or to adopt a plan to modify your current alcohol use patterns.

**Total Score 19 or above:** Scores in this category are considered to be very high-risk. It is recommended that you seek an evaluation by a certified drug and alcohol counselor.

\*Please note: If you are under 21 and choose to consume alcohol, you are at risk for legal and campus policy violations.

### ***About your results:***

We **Strongly Encourage** anyone who takes this test to discuss the results with a professional.

**The Open Door (724) 465-2605**

*24 hour hotline*

*All information is confidential.*

**The Counseling Center**

*(724) 357-2621*

*G31 Suites on Maple East*

*Sponsored by the Alcohol, Tobacco and Other Drugs Program (ATOD)*

*Center for Health and Well-Being*

*G57 Suites on Maple East*

*724-357-1265*

*ATOD-OASIS@iup.edu*