



FAST Questionnaire

For the following questions please circle the answer which best applies.

1. MEN: How often do you have EIGHT or more units? WOMEN: How often do you have SIX or more units on one occasion?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) 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) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) 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) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) 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) No
- (2) Yes, on one occasion
- (4) Yes, on more than one occasion

Record total score here.

Score 0 -2 (Negative)

No further exploration required unless patient voices concerns about alcohol use.

Score 3 – 7 (Positive)

Highlight positive screening result. This does not mean that the patient necessarily has an alcohol 'problem'. Request patient permission to explore alcohol use further and provide a brief intervention if patient agreeable.

Score 7+

If the score is over 7 consider proceeding to the AUDIT questionnaire, which may help to identify dependent drinkers who could benefit from referral to specialist services.