## **Weight Loss Management Center**

## **Audit C Questionnaire**

1. How often do you have a drink	containing alcohol?		
a. Never			
□ b. Monthly or less			
c. 2 - 4 times a month			
d. 2 - 3 times a week			
e. 4 or more times a week			
<ol><li>When you are drinking, how m you have on a typical day?</li></ol>	any standard drinks co	ntaining alcohol do	
☐ a. 1 or 2			
□ b. 3 or 4			
□ c. 5 or 6			
☐ d. 7 to 9			
e. 10 or more			
3. How often do you have six or r	more drinks on one occa	asion?	
☐ a. Never			
□ b. Less than monthly			
c. Monthly			
d. Weekly			
e. Daily or almost daily			
Patient or Patient's Representative's Signature	Print Name		Date

PLACE PATIENT LABEL HERE

## **UW Medicine**

Harborview Medical Center – University of Washington Medical Center UW Neighborhood Clinics – Valley Medical Center University of Washington Physicians Seattle, Washington

AUDIT C

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WHITE - MEDICAL RECORD