

FAST FORM

Name:

DOB:

Questions	Scoring system					Your score
	0	1	2	3	4	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Only answer the following questions if the answer above is Never (0), Monthly (1) or Less than monthly (2). Stop here if the answer is Weekly (3) or Daily (4).						
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	



Scoring:

If score is 0, 1 or 2 on the first question then continue with the next three questions.
 If score is 3 or 4 on the first question – stop here. This indicates FAST positive.

An overall total score of 3 or more (on the first question or all four questions) is FAST positive.

What to do next?

If FAST positive, please make an appointment to see a Doctor to discuss your alcohol consumption further.