

Rapid Alcohol Problems Screen (RAPS4-QF)

1. During the last year have you had a feeling of guilt or remorse after drinking? (Remorse)
2. During the last year has a friend or family member ever told you about things you said or did while you were drinking that you could not remember? (Amnesia/Blackouts)
3. During the last year have you failed to do what was normally expected from you because of drinking? (Perform)
4. Do you sometimes take a drink in the morning when you first get up? (Starter/Eye opener)
5. During the last year have you had five or more drinks on at least one occasion? (Quantity)
6. During the last year did you drink as often as once a month? (Frequency)

Positive screen for Alcohol Abuse if one "yes" answer on any of the first 4 questions, or "yes" on both of the last 2 questions.

If you are thinking about making changes in your drinking or want to learn more about your drinking pattern, go to <http://rethinkingdrinking.niaaa.nih.gov/>