

Binge Drinking

In the last month, how many times have you have more than 5 drinks or beers in one evening or day?	0	1	2	3	4	5	6	7	8	9	10+
In the last two weeks, how many times have you had more than 5 alcoholic drinks in one sitting?	0	1	2	3	4	5	6	7	8	9	10+
How many times in the last month have you had more than 5 alcoholic drinks in less than one hour?	0	1	2	3	4	5	6	7	8	9	10+
How often do you participate in drinking games?	0	1	2	3	4	5	6	7	8	9	10+
How many times in the last two week have you "beer bonged" a beer, "shot-gunned a beer", or taken a shot of alcohol?	0	1	2	3	4	5	6	7	8	9	10+

Sum the totals. Range is 0 to 50+, with large numbers indicating more frequent binge drinking.

Problem Drinking

Yes	No	Do you ever drink alone?
Yes	No	Do you ever drink during the day?
Yes	No	Has a friend or family member ever told you that they are concerned about your drinking?
Yes	No	Do believe your drinking has affected your GPA?
Yes	No	Has your drinking ever affected a relationship you have had with someone in a negative way?
Yes	No	Do you drink just about every day?
Yes	No	Have you ever blacked out because of drinking alcohol?
Yes	No	Do you sometimes crave alcohol?
Yes	No	Can you drink a lot more than many of your friends or other people you know?
Yes	No	Whenever you go out, do you almost always drink?

Score each "yes" response as "1" and each "no" response as "0." Sum them. Range is 0 to 10, with higher numbers indicating higher likelihood the individual has a drinking problem.