

The FAST Alcohol Screening Test

The FAST alcohol screening test was developed specifically to be used in busy medical offices and emergency rooms to screen patients for hazardous drinking, although it has also been used effectively in the general population.

The AUDIT test, a longer screening test, has been an extremely effective screening tool for many years. But, **it takes too long to administer and score in most busy physician offices and emergency rooms. The FAST test was developed by taking four key questions from the AUDIT test and arranging them into a short, two-phase test.**

When compared to the full AUDIT test, the FAST test detects 93 percent of hazardous drinkers detected by the longer version.

Shortest Test Available

Unlike the CAGE test, the FAST test measures a person's hazardous drinking in the past year. The CAGE test is designed to test alcohol dependency over a lifetime.

More than half of patients given the FAST test only have to answer the first question. Depending on the response to the first question of the test, the other questions may not be asked at all, making the FAST test potentially the shortest screening tool available today.

The FAST Test

1. How often do you have eight or more drinks on one occasion?

Never Less Than Monthly Monthly Weekly 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?

Never Less Than Monthly Monthly Weekly Daily or Almost Daily

3. How often during the last year have you failed to do what was normally expected of you because of your drinking?

Never Less Than Monthly Monthly Weekly Daily or Almost Daily

4. Has a relative or friend, a doctor or other health worker been concerned about your drinking or suggested you cut down?

No Yes, but not in the last year. Yes in the last year.

Scoring the FAST Test

Score questions 1, 2 and 3 as follows:

- Never -- 0 points
- Less than monthly -- 1 point

- Monthly -- 2 points
- Weekly -- 3 points
- Daily or almost daily -- 4 points

Score question 4 as follows:

- No -- 0 points
- Yes, but not in the last year -- 2 points
- Yes, in the last year -- 4 points

The maximum score is 16. A total score of 3 indicates hazardous drinking.

If a person answer "never" on the first question, he or she is not a hazardous drinker and the remaining questions are not necessary.

If a person answers "weekly" or "daily or almost daily" on the first question, he or she is considered a hazardous drinker and the rest of the questions are skipped.

If a person answers "monthly" or "less than monthly" to the first question, the other three questions are needed to complete the screening for hazardous drinking.