

# ASBI Screening Tool

**1. Before you were pregnant, how often did you drink beer, wine, or other alcoholic beverages?**

- 4 or more times a week
- 2-3 times a week
- 2-4 times a month
- Monthly or less
- Never

**2. Currently, how often do you drink beer, wine, or other alcoholic beverages?**

- 4 or more times a week
- 2-3 times a week
- 2-4 times a month
- Monthly or less
- Never

**3. Currently, how many drinks do you usually have at one time?**

10 or more      9      8      7      6      5      4      3      2      1      0

**4. Within the last month, how many times have you had 3 or more drinks at one time?**

10 or more      9      8      7      6      5      4      3      2      1      0

**5. How many drinks does it take until you feel the effects of alcohol?**

10 or more      9      8      7      6      5      4      3      2      1

**Stop here.**

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Participant ID # \_\_\_\_\_ Today's date: \_\_\_\_\_