The FAST questionnaire

The Fast Alcohol Screening Test (FAST) is a four-item questionnaire, which was developed by Hodgson et al. [1] from the Alcohol Use Disorders Identification Test (AUDIT) and was first published in 2002. It is based on responses from >3000 patients after the questionnaire was distributed by 100 nurses in several different busy medical settings. It is used to assess alcohol misuse through routine screening but on its own is not diagnostic. It can, however, be used to introduce a brief intervention in hazardous drinkers. Hazardous drinking can be defined as a pattern of drinking that is associated with a high risk of psychosocial or physical problems in the future. The AUDIT questionnaire is well recognized as a reliable screening instrument [2–4], but the FAST can be completed in a much shorter time (12.5 seconds versus 78 seconds) [5] and is therefore suitable for screening very large populations in a cost-effective way.

The instrument consists of the following four questions:

Q1–Q3 have five options ‘never’, ‘less than monthly’, ‘monthly’, ‘weekly’ and ‘daily or almost daily’ and the patient is asked to circle the one which best applies where one drink = half pint of beer or one glass of wine or one measure of single spirits.

Q1. How often do you have eight (for men)/six (for women) drinks on one occasion?
Q2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
Q3. How often during the last year have you failed to do what was normally expected of you because of drinking?
Q4. In the last year has a relative or friend or doctor or other health-care worker been concerned about your drinking or suggested you cut down?

Scoring and interpretation

Stage 1

If the answer to Q1 is ‘never’, then the patient is not misusing alcohol and does not need to answer further questions. If the answer to Q1 is ‘weekly’ or ‘daily or almost daily’, then the patient is a hazardous, harmful or dependent drinker.

If the answer to Q1 is ‘less than monthly’ or ‘monthly’, then Q2, Q3 and Q4 are considered and each is scored 0–4 (0 = never, 1 = less than monthly etc for Q2 and Q3 and ‘no’ = 0, ‘yes on one occasion’ = 2 and ‘yes on more than one occasion’ = 4) for Q4.

The scores are then added up. The minimum score is 0 and the maximum score is 16. Hazardous drinking is present with scores >3.

Clinical usage

The questionnaire has been tested and found to be reliable in young people from the age of 16 years, in men and women and in people from diverse cultural backgrounds as it derives from the AUDIT questionnaire, which has been previously reviewed in this journal [6].

Validity and performance

The FAST questionnaire has been found to have a Cronbach’s alpha score (denoting the strength of the inter-correlations between the four items) of 0.77 (5 quoting Pedhazur and Pedhazur-Schmelkin 1991), demonstrating good reliability (defined as Kappa being ≥0.7). Test–retest reliability over a week’s interval showed a test–retest reliability of >0.8.

FAST has been used in a wide range of busy medical settings including emergency departments, primary care and fracture clinics. It has both high sensitivity (94% in men and 86% in women) and specificity (86% in men and 90% in women) when compared with AUDIT as the gold standard [5]. The first question on its own has been reported to identify 61% of hazardous and non-hazardous drinkers with an accuracy of 95% [5].

Variations

There are no validated variations of the FAST questionnaire, but it has been used and evaluated against...
the AUDIT questionnaire in countries including Brazil [7]. Countries such as France and Germany have developed their own short screening questionnaires [8,9].

Comparison with other alcohol screening questionnaires

The FAST questionnaire has been compared with other alcohol screening questionnaires including CAGE and AUDIT. A study involving a total of 2185 patients completed questionnaires at four UK centres: London, Southampton, Bristol and Cardiff. FAST was found to have a sensitivity of 93% and a specificity of 88% when compared with the CAGE questionnaire (40% and 98%, respectively) [5]. A study conducted in an accident and emergency department, fracture clinic, primary care health centre and dental hospital confirmed that the FAST had good sensitivity and specificity and was quick to administer because >50% of patients could be categorized as hazardous or non-hazardous drinkers in just one question.

Access

The FAST questionnaire can be accessed via its manual published by the now defunct Health Development Agency [5]. It can be located on the website of the National Institute for Health and Care Excellence at http://www.nice.org.uk/niceMedia/documents/manual_fastalcohol.pdf

Conflicts of interest

None declared.

Wanted: Questionnaires and Questionnaire Reviewers

Occupational Medicine, the journal of the Society of Occupational Medicine, is running a series of articles covering questionnaires used in OH clinical practice. If you use a particular questionnaire in your practice and would be willing to review it and submit it for consideration for publication please contact Angela Burnett at om@som.org.uk to check we haven’t already got a review of that questionnaire underway and for guidance on the review content we are looking for.

References

7. Meneses-Gaya C, Crippa JA, Zuardi AW et al. The fast alcohol screening test (FAST) is as good as the AUDIT to screen alcohol use disorders. Subst Use Misuse 2010;45:1542–1557.

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