



Screening AUDIT

(Alcohol Use Disorders Identification Test)

The following questions ask about your drinking habits

Please answer them as they apply over the last 12 months.

1) How often do you have a drink containing alcohol?

- never (0)
- monthly or less (1)
- two to four times a month (2)
- two to three times a week (3)
- four or more times a week (4)

2) How many drinks containing alcohol do you have on a typical day when you are drinking? _____ drinks

- Scoring:
- 1 or 2 (0)
 - 3 or 4 (1)
 - 5 or 6 (2)
 - 7 or 9 (3)
 - 10 or more (4)

3) How often do you have six or more drinks on one occasion?

- never (0)
- less than monthly (1)
- monthly (2)
- weekly (3)
- daily or almost daily (4)

4) How often during the last year have you found that you were not able to stop drinking once you had started?

- never (0)
- less than monthly (1)
- monthly (2)
- weekly (3)
- daily or almost daily (4)

5) How often during the last year have you failed to do what was normally expected of you because of drinking?

- never (0)
- less than monthly (1)
- monthly (2)
- weekly (3)
- daily or almost daily (4)

6) How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- never (0)
- less than monthly (1)
- monthly (2)
- weekly (3)
- daily or almost daily (4)

7) How often during the last year have you had a feeling of guilt or remorse after drinking?

- never (0)
- less than monthly (1)
- monthly (2)
- weekly (3)
- daily or almost daily (4)

8) How often during the last year have you been unable to remember what happened the night before because of drinking?

- never (0)
- less than monthly (1)
- monthly (2)
- weekly (3)
- daily or almost daily (4)

9) Have you or someone else been injured as a result of your drinking?

- no (0)
- yes, but not in the last year (2)
- yes, during the last year (4)

10) Has a relative or friend or doctor or other health worker been concerned about your drinking or suggested you cut down?

- no (0)
- yes, but not in the last year (2)
- yes, during the last year (4)

Total score (add numbers in parentheses for all items): _____

Interpreting AUDIT Scores

<u>AUDIT score</u>	<u>Risk Level</u>	<u>Intervention</u>
0-7	I	Education
8-15	II	Simple advice
16-19	III	Brief counseling
20-40	IV*	Referral to specialist* Probable alcohol dependence

Generally if you score more than 15 it's a concern.