

AUDIT Questionnaire: Screen for Alcohol Misuse

Please circle the score corresponding to the answer that is correct for the patient

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| <p>1. How often do you have a drink containing alcohol?</p> <p> <input type="radio"/> 0 Never <input type="radio"/> 1 Monthly or less <input type="radio"/> 2 2–4 times a month <input type="radio"/> 3 2–3 times a week <input type="radio"/> 4 4 or more times a week </p> | <p>2. How many standard drinks containing alcohol do you have on a typical day when drinking?</p> <p> <input type="radio"/> 0 1 or 2 <input type="radio"/> 1 3 or 4 <input type="radio"/> 2 5 or 6 <input type="radio"/> 3 7 to 9 <input type="radio"/> 4 10 or more </p> |
| <p>3. How often do you have six or more drinks on one occasion?</p> <p> <input type="radio"/> 0 Never <input type="radio"/> 1 Less than monthly <input type="radio"/> 2 Monthly <input type="radio"/> 3 Weekly <input type="radio"/> 4 Daily or almost daily </p> | <p>4. During the past year, how often have you found that you were not able to stop drinking once you had started?</p> <p> <input type="radio"/> 0 Never <input type="radio"/> 1 Less than monthly <input type="radio"/> 2 Monthly <input type="radio"/> 3 Weekly <input type="radio"/> 4 Daily or almost daily </p> |
| <p>5. During the past year, how often have you failed to do what was normally expected of you because of drinking?</p> <p> <input type="radio"/> 0 Never <input type="radio"/> 1 Less than monthly <input type="radio"/> 2 Monthly <input type="radio"/> 3 Weekly <input type="radio"/> 4 Daily or almost daily </p> | <p>6. During the past year, how often have you had a feeling of guilt or remorse after drinking?</p> <p> <input type="radio"/> 0 Never <input type="radio"/> 1 Less than monthly <input type="radio"/> 2 Monthly <input type="radio"/> 3 Weekly <input type="radio"/> 4 Daily or almost daily </p> |
| <p>7. During the past year, have you been unable to remember what happened the night before because you had been drinking?</p> <p> <input type="radio"/> 0 Never <input type="radio"/> 1 Less than monthly <input type="radio"/> 2 Monthly <input type="radio"/> 3 Weekly <input type="radio"/> 4 Daily or almost daily </p> | <p>8. Have you or someone else been injured as a result of your drinking?</p> <p> <input type="radio"/> 0 No <input type="radio"/> 2 Yes, but not in the past year <input type="radio"/> 4 Yes, during the past year </p> |
| <p>9. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?</p> <p> <input type="radio"/> 0 No <input type="radio"/> 2 Yes, but not in the past year <input type="radio"/> 4 Yes, during the past year </p> | <p style="text-align: center;"><u>SCORING THE AUDIT</u></p> <p>A score of 8 or more is associated with harmful or hazardous drinking, a score of 13 or more in women, and 15 or more in men, is likely to indicate alcohol dependence.</p> <p style="text-align: center;">TOTAL SCORE: _____</p> |

¹Saunders JB, Aasland OG, Babor TF *et al.* Development of the alcohol use disorders identification test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption — II. *Addiction* 1993, **88**: 791–803.