

Alcohol Use Disorders Identification Test (AUDIT)

Patient Information

Full name: _____

Date: _____ Gender: _____ Age: _____ Occupation: _____

Country of Birth: _____

Instructions

Please answer the following questions honestly and to the best of your ability. Your answers are confidential.

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

- a) Never b) Monthly or less c) 2-4 times per month d) 2-3 times per week e) 4 or more times per week

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

- a) 1 or 2 b) 3 or 4 c) 5 or 6 d) 7 to 9 e) 10 or more

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

- a) Never b) Less than monthly c) Monthly d) Weekly e) Daily or almost daily

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

- a) Never b) Less than monthly c) Monthly d) Weekly e) Daily or almost daily

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

- a) Never b) Less than monthly c) Monthly d) Weekly e) Daily or almost daily

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?

- a) Never b) Less than monthly c) Monthly d) Weekly e) Daily or almost daily

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

- a) Never b) Less than monthly c) Monthly d) Weekly e) Daily or almost daily

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

- a) Never b) Less than monthly c) Monthly d) Weekly e) Daily or almost daily

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

- a) No b) Yes, but not in the last year c) Yes, during the last year

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

- a) No b) Yes, but not in the last year c) Yes, during the last year

Scoring

For questions 1-3, add the score for each answer: a=0 b=1 c=2 d=3 e=4

For questions 4-8, add the score for each answer: a=4 b=3 c=2 d=1 e=0

For questions 9 and 10, add the score for each answer: a=0 b=2 c=4

Interpretation

Total Score: _____

0-7: Low-risk alcohol use

8-15: Hazardous and harmful alcohol use

16-19: High-risk drinking

20 and above: Possible alcohol dependence

Additional Notes
