Please circle the answer that is correct for you.

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

<table>
<thead>
<tr>
<th>NEVER</th>
<th>MONTHLY OR LESS</th>
<th>TWO TO FOUR TIMES A MONTH</th>
<th>TWO TO THREE TIMES A WEEK</th>
<th>FOUR OR MORE TIMES A WEEK</th>
</tr>
</thead>
</table>

   NOTE: For answering these questions, one “drink” is equal to 10 ounces of beer, or 4 ounces of wine, or 1 ounce of liquor

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

   | 1 OR 2 | 2 OR 4 | 5 OR 6 | 7 TO 9 | 10 OR MORE |

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

   | NEVER | LESS THAN MONTHLY | MONTHLY | WEEKLY | 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?

   | NEVER | LESS THAN MONTHLY | MONTHLY | WEEKLY | 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?

   | NEVER | LESS THAN MONTHLY | MONTHLY | WEEKLY | 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?

   | NEVER | LESS THAN MONTHLY | MONTHLY | WEEKLY | DAILY OR ALMOST DAILY |

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

   | NEVER | LESS THAN MONTHLY | MONTHLY | WEEKLY | 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?

   | NEVER | LESS THAN MONTHLY | MONTHLY | WEEKLY | DAILY OR ALMOST DAILY |

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

   | NEVER | YES, BUT NOT IN THE LAST YEAR | YES, DURING THE LAST YEAR |

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

   | NEVER | YES, BUT NOT IN THE LAST YEAR | YES, DURING THE LAST YEAR |
Scoring Rules for the AUDIT Screening Questionnaire

**Item 1**
- 0 = Never
- 1 = Monthly or less
- 2 = Two to four times a month
- 3 = Two to three times a week
- 4 = Four or more times a week

**Item 2**
- 0 = 1-2 drinks
- 1 = 3-4 drinks
- 2 = 5-6 drinks
- 3 = Two to three times a week
- 4 = Four or more times a week

**Item 3-8**
- 0 = Never
- 1 = Less than monthly
- 2 = Monthly
- 3 = Weekly
- 4 = Daily or almost daily

**Item 9-10**
- 0 = No
- 1 = Yes, but not in the last year
- 2 = Yes, during the last year

Maximum possible score = 40

A score of 8 or more indicates a strong likelihood of hazardous or harmful alcohol consumption, and warrants more careful assessment.