ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)

AUDIT
For the following questions about drinking, please keep in mind that for our purposes, one drink equals: one 12 oz. beer, or one 5 oz. glass of wine, or one 12 oz. wine cooler, or one 1 ½ oz. shot of liquor or one mixed drink containing 1 shot of liquor

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?
   [Code number of standard drinks]
   □ 1 or 2 [0]
   □ 3 or 4 [1]
   □ 5 or 6 [2]
   □ 7 to 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]

SUBTOTAL pg1
5. How often during the last year have you failed to do what was normally expected from 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 you had been 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 a 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]

SUBTOTAL pg 2