Alcohol AUDIT

If 2 is anything other than NEVER

PATIENT ASSESSMENT

**Patient Name: DOB:**

The Alcohol Use Disorders Identification Test (AUDIT), developed in 1982 by the World Health Organization, is a simple way to screen and identify people at risk of alcohol problems.

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| 1. **How often do you have a drink containing alcohol?** 2. Never (Skip to Questions 9-10) 3. Monthly or less 4. 2 to 4 times a month 5. 2 to 3 times a week 6. 4 or more times a week 7. **How many drinks containing alcohol do you have on a typical day when you are drinking?** 8. 1 or 2 9. 3 or 4 10. 5 or 6 11. 7, 8, or 9 12. 10 or more 13. **How often do you have six or more drinks on one occasion?** 14. Never 15. Less than monthly 16. Monthly 17. Weekly 18. Daily or almost daily 19. **How often during the last year have you found that you were not able to stop drinking once you had started?** 20. Never 21. Less than monthly 22. Monthly 23. Weekly 24. Daily or almost daily 25. **How often during the last year have you failed to do what was normally expected from you because of drinking?** 26. Never 27. Less than monthly 28. Monthly 29. Weekly 30. Daily or almost daily | 1. **How often during the last year have you been unable to remember what happened the night before because you had been drinking?** 2. Never 3. Less than monthly 4. Monthly 5. Weekly 6. Daily or almost daily 7. **How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking?** 8. Never 9. Less than monthly 10. Monthly 11. Weekly 12. Daily or almost daily 13. **How often during the last year have you had a feeling of guilt or remorse after drinking?** 14. Never 15. Less than monthly 16. Monthly 17. Weekly 18. Daily or almost daily 19. **Have you or someone else been injured as a result of your drinking?** 20. No   (2) Yes, but not in the last year  (4) Yes, during the last year   1. **Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?** 2. No   (2) Yes, but not in the last year  (4) Yes, during the last year |

*Add up the points associated with answers. A total score of 8 or more indicates harmful drinking behavior.*