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 year1. **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.*