ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)

The following questions are about the past year.

1. How often do you have a drink containing alcohol?
   - { Never (0)
   - { Monthly or less (1)
   - { 2 to 4 times/mo (2)
   - { 2 to 3 times a week (3)
   - { 4 or more times a week (4)
2. How many drinks containing alcohol doyou have on a typical day when you are drinking?
   - { None (0)
   - { 1 or 2 (1)
   - { 3 or 4 (2)
   - { 5 or 6 (3)
   - { 7 or 9 (4)
   - { 10 or more (5)
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 unable to stop drinking once you had started?
   - { Never (0)
   - { Less than monthly (1)
   - { Monthly (2)
   - { Weekly (3)
   - { Daily or almost daily (4)
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 the result of your drinking?
   - { Never (0)
   - { Less than monthly (1)
   - { Monthly (2)
   - { Weekly (3)
   - { Daily or almost daily (4)
10. Has a relative, friend, or a health worker been concerned about your drinking or suggested you cut down?
    - { Never (0)
    - { Less than monthly (1)
    - { Monthly (2)
    - { Weekly (3)
    - { Daily or almost daily (4)

** A score of 8 or more is suggestive of at-risk drinking. Patients who score positive on the AUDIT should be assessed for potential alcohol-related problems. (Source: *World Health Organization*)

Eastern Carolina Family Practice Center
June 1999
RL 4.9

Eastern Carolina Family Practice Center
June 1999
RL 4.9