ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)

Patient's Name: _____ Gender: _____ DOB: _____

Please circle the answer that is correct for you.

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

Never (0)	Monthly or less (1)	2-4 times a month (2)	2 – 3 times per week (3)	4 or more times a week (4)

2. ***How many drinks containing alcohol do you have on a typical day when you are drinking? A drink is defined as 12 oz beer, 5 oz wine, or 1.5 oz liquor.***

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)	2 – 3 times per week (3)	4 or more times a week (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)	2 – 3 times per week (3)	4 or more times a week (4)

5. ***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)	2 – 3 times per week (3)	4 or more times a week (4)

6. ***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)	2 – 3 times per week (3)	4 or more times a week (4)

7. ***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)	2 – 3 times per week (3)	4 or more times a week (4)

8. ***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)

9. ***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)

Patient's signature: _____

CLINICIAN: Points values for each answer are contained in the parentheses. TOTAL SCORE: ☐