

AUDIT

Alcohol use disorders identification test. (Scores for response categories are given in boxes)

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

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Never | Monthly or less | Two or four times a month | Two or three times a week | Four or more times a week |

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 1 or 2 | 3 or 4 | 5 or 6 | 7 or 9 | 10 or more |

3. How often do you have six or more drinks on one occasion?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Never | Less than monthly | Monthly | Weekly | Daily or almost daily |

4. How often during the past year have you found that you were not able to stop drinking once you had started?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Never | Less than monthly | Monthly | Weekly | Daily or almost daily |

5. How often during the past year have you failed to do what was normally expected of you because of drinking?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Never | Less than monthly | Monthly | Weekly | Daily or almost daily |

6. How often during the past year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Never | Less than monthly | Monthly | Weekly | Daily or almost daily |

7. How often during the past year have you had a feeling of guilt or remorse after drinking?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Never | Less than monthly | Monthly | Weekly | Daily or almost daily |

8. How often during the past year have you been unable to remember what happened the night before because you had been drinking?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Never | Less than monthly | Monthly | Weekly | Daily or almost daily |

9. Have you or has someone else been injured as a result of your drinking?

- | | | |
|----------------------------|-------------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 2 | <input type="checkbox"/> 4 |
| No | Yes, but not in the past year | Yes, during the past year |

10. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?

- | | | |
|----------------------------|-------------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 2 | <input type="checkbox"/> 4 |
| No | Yes, but not in the past year | Yes, during the past year |

Interpretation of scores:

- Scores between 8 and 15 are most appropriate for simple advice focused on the reduction of hazardous drinking.
- Scores between 16 and 19 suggest brief counselling and continued monitoring.
- AUDIT scores of 20 or above clearly warrant further diagnostic evaluation for alcohol dependence.

References: Piccinelli M, Tessari E, Bortolomasi M, et al. Efficacy of the alcohol use disorders identification test as a screening tool for hazardous alcohol intake and related disorders in primary care: a validity study. *BMJ* 1997; 314: 420. Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG. The Alcohol Use Disorders Identification Test Guidelines for Use in Primary Care (2nd ed.) World Health Organisation 2001.