

# AUDIT

Please circle the answer that is correct for you.

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

- |       |                    |                              |                              |                              |
|-------|--------------------|------------------------------|------------------------------|------------------------------|
| NEVER | MONTHLY OR<br>LESS | TWO TO FOUR<br>TIMES A MONTH | TWO TO THREE<br>TIMES A WEEK | FOUR OR MORE<br>TIMES A WEEK |
|-------|--------------------|------------------------------|------------------------------|------------------------------|

**NOTE: For answering these questions, one drink is equal to 10 ounces of beer, or 4 ounces of wine, or 1 ounce of liquor**

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

- |        |        |        |        |            |
|--------|--------|--------|--------|------------|
| 1 OR 2 | 2 OR 4 | 5 OR 6 | 7 TO 9 | 10 OR MORE |
|--------|--------|--------|--------|------------|

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

- |       |                      |         |        |                          |
|-------|----------------------|---------|--------|--------------------------|
| NEVER | LESS THAN<br>MONTHLY | MONTHLY | WEEKLY | DAILY OR<br>ALMOST DAILY |
|-------|----------------------|---------|--------|--------------------------|

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

- |       |                      |         |        |                          |
|-------|----------------------|---------|--------|--------------------------|
| NEVER | LESS THAN<br>MONTHLY | MONTHLY | WEEKLY | DAILY OR<br>ALMOST DAILY |
|-------|----------------------|---------|--------|--------------------------|

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

- |       |                      |         |        |                          |
|-------|----------------------|---------|--------|--------------------------|
| NEVER | LESS THAN<br>MONTHLY | MONTHLY | WEEKLY | DAILY OR<br>ALMOST DAILY |
|-------|----------------------|---------|--------|--------------------------|

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 | LESS THAN<br>MONTHLY | MONTHLY | WEEKLY | DAILY OR<br>ALMOST DAILY |
|-------|----------------------|---------|--------|--------------------------|

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

- |       |                      |         |        |                          |
|-------|----------------------|---------|--------|--------------------------|
| NEVER | LESS THAN<br>MONTHLY | MONTHLY | WEEKLY | DAILY OR<br>ALMOST DAILY |
|-------|----------------------|---------|--------|--------------------------|

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

- |       |                      |         |        |                          |
|-------|----------------------|---------|--------|--------------------------|
| NEVER | LESS THAN<br>MONTHLY | MONTHLY | WEEKLY | DAILY OR<br>ALMOST DAILY |
|-------|----------------------|---------|--------|--------------------------|

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

- |       |                                  |                              |
|-------|----------------------------------|------------------------------|
| NEVER | YES, BUT NOT IN<br>THE LAST YEAR | YES, DURING<br>THE LAST YEAR |
|-------|----------------------------------|------------------------------|

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

- |       |                 |             |
|-------|-----------------|-------------|
| NEVER | YES, BUT NOT IN | YES, DURING |
|-------|-----------------|-------------|

**Scoring Rules for the AUDIT Screening Questionnaire**

**Item 1**      **0 = Never**  
                 **1 = Monthly or less**  
                 **2 = Two to four times a month**  
                 **3 = Two to three times a week**  
                 **4 = Four or more times a week**

**Item 2**      **0 = 1-2 drinks**  
                 **1 = 3-4 drinks**  
                 **2 = 5-6 drinks**  
                 **3 = two to three times a week**  
                 **4 = four or more times a week**

**Item 3-8**    **0 = Never**  
                 **1 = Less than monthly**  
                 **2 = Monthly**  
                 **3 = Weekly**  
                 **4 = Daily or almost daily**

**Item 9-10** **0 = No**  
                 **2 = Yes, but not in the last year**  
                 **4 = Yes, during the last year**

**Maximum possible score = 40**

**A score of 8 or more indicates a strong likelihood of hazardous or harmful alcohol consumption, and warrants more careful assessment.**