Please circle the answer that is correct for you.

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

| Answer | NEVER | MONTHLY OR LESS | TWO TO FOUR TIMES A MONTH | TWO TO THREE TIMES A WEEK | FOUR OR MORE 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?

| Answer | 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?

| Answer | NEVER | LESS THAN MONTHLY | MONTHLY | WEEKLY | DAILY OR ALMOST DAILY |

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

| Answer | NEVER | LESS THAN MONTHLY | MONTHLY | WEEKLY | DAILY OR ALMOST DAILY |

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

| Answer | NEVER | LESS THAN MONTHLY | MONTHLY | WEEKLY | DAILY OR 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?

| Answer | NEVER | LESS THAN MONTHLY | MONTHLY | WEEKLY | DAILY OR ALMOST DAILY |

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

| Answer | NEVER | LESS THAN MONTHLY | MONTHLY | WEEKLY | DAILY OR 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?

| Answer | NEVER | LESS THAN MONTHLY | MONTHLY | WEEKLY | DAILY OR ALMOST DAILY |

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

| Answer | NEVER | YES, BUT NOT IN THE LAST YEAR | YES, DURING 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?

| Answer | 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.