

AUDIT

Alcohol Use/Disorder Identification Test

1. How often do you have a drink containing alcohol?
 - a. Never
 - b. Monthly or less
 - c. Two to four times a month
 - d. Two to three times a week
 - e. Four or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
 - a. 0-2
 - b. 3-4
 - c. 5-6
 - d. 7-9
 - e. 10+

3. How often do you have six or more drinks on one occasion?
 - a. Never
 - b. Less than monthly
 - c. Monthly
 - d. Weekly
 - e. 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?
 - a. Never
 - b. Less than monthly
 - c. Monthly
 - d. Weekly
 - e. Daily or almost daily

5. How often during the last year have you failed to do what was normally expected of you because of drinking?
 - a. Never
 - b. Less than monthly
 - c. Monthly
 - d. Weekly
 - e. 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?

- a. Never
- b. Less than monthly
- c. Monthly
- d. Weekly
- e. Daily or almost daily

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

- a. Never
- b. Less than monthly
- c. Monthly
- d. Weekly
- e. Daily or almost daily

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

- a. Never
- b. Less than monthly
- c. Monthly
- d. Weekly
- e. Daily or almost daily

9. Have you or someone else been injured because of your drinking?

- a. No
- b. Yes, but not in the last year
- c. Yes, in the last year

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

- a. No
- b. Yes, but not in the last year
- c. Yes, in the last year