

FOR OFFICE USE ONLY	
_____	Study
_____	ID
_____	Point
_____	Date
_____	Raid
AUD000-- Revised 10/9/95 1 Page	

AUDIT

Please circle the answer that is correct for you.

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

- | | | | | |
|-------|--------------------|------------------------------|------------------------------|------------------------------|
| 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?

- | | | | | |
|--------|--------|--------|--------|------------|
| 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
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?

- | | | | | |
|-------|----------------------|---------|--------|--------------------------|
| 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?

- | | | | | |
|-------|----------------------|---------|--------|--------------------------|
| 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?

- | | | | | |
|-------|----------------------|---------|--------|--------------------------|
| 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?

- | | | | | |
|-------|----------------------|---------|--------|--------------------------|
| 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?

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

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

- | | | |
|-------|----------------------------------|------------------------------|
| 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?

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

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**
1 = Yes, but not in the last year
2 = 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.