

# AUDIT

## The Alcohol Use Disorders Identification Test: Self-Report Version

**PATIENT** because alcohol can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Place an **x** in one box that best describes your answer to each question.

Questions		0	1	2	3	4	
1.	How often do you have a drink containing alcohol?	<input type="checkbox"/> Never	<input type="checkbox"/> Monthly or less	<input type="checkbox"/> 2 to 4 times a month	<input type="checkbox"/> 2 to 3 times a week	<input type="checkbox"/> 4 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"/> 1 or 2	<input type="checkbox"/> 3 or 4	<input type="checkbox"/> 5 or 6	<input type="checkbox"/> 7 to 9	<input type="checkbox"/> 10 or more	
3.	How often do you have six or more drinks on one occasion?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> 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?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> 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?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> 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?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily	
7.	How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> 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?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily	
9.	Have you or someone else been injured as a result of your drinking?	<input type="checkbox"/> No		<input type="checkbox"/> Yes but not in the last year		<input type="checkbox"/> Yes during the last year	
10.	Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?	<input type="checkbox"/> No		<input type="checkbox"/> Yes but not in the last year		<input type="checkbox"/> Yes during the last year	
						<b>Total</b>	

## Scoring for AUDIT

<b>Risk level</b>	<b>Intervention</b>	<b>AUDIT score*</b>
Zone I	Alcohol education	0–7
Zone II	Simple advice	8–15
Zone III	Simple advice plus brief counseling and continued monitoring	16–19
Zone IV	Referral to specialist for diagnostic evaluation and treatment	20–40

\*The AUDIT cut-off score may vary slightly depending on the country's drinking patterns, the alcohol content of standard drinks, and the nature of the screening program. Clinical judgment should be exercised in cases where the patient's score is not consistent with other evidence, or if the patient has a prior history of alcohol dependence. It may also be instructive to review the patient's responses to individual questions dealing with dependence symptoms (Questions 4, 5 and 6) and alcohol-related problems (Questions 9 and 10). Provide the next highest level of intervention to patients who score 2 or more on Questions 4, 5 and 6, or 4 on Questions 9 or 10.

From: Babor T, Higgins-Biddle J, Saunders J, Monteiro M. The Alcohol Use Disorders Identification Test. Guidelines for use in primary care. 2nd ed. Geneva, Switzerland: World Health Organisation, 2001.