AUDIT

The Alcohol Use Disorders Identification Test: Interview Version

Read questions as written and record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

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

(0) Never (skip to Questions 9 and10)
(1) Monthly or less
(2) 2 to 4 times a month
(3) 2 to 3 times a week
(4) 4 or more times a week

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

(0) 1 or 2
(1) 3 or 4
(2) 5 or 6
(3) 7, 8, or 9
(4) 10 or more

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

(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily

Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0

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

(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) 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?

(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) 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?

(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily

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

(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) 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?

(0) Never
(1) Less than monthly
(2) Monthly
(3) Weekly
(4) Daily or almost daily

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

(0) No
(2) Yes but not in the last year
(4) 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?

(0) No
(2) Yes but not in the last year
(4) Yes during the last year

Record total of specific items here

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?	☐ Never	☐ Monthly or less	☐ 2 to 4 times a month	☐ 2 to 3 times a week	☐ 4 or more times a week	
2.	How many drinks containing alcohol do you have on a typical day when you are drinking?	☐ 1 or 2	☐ 3 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?	☐ No		☐ Yes but not in the last year		☐ 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?	☐ No		☐ Yes but not in the last year		☐ Yes during the last year	
						Total	

Scoring for AUDIT

Risk level	Intervention	AUDIT score*
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.

AUDIT-C

AUDIT-C

Q1:	**How often did you have a drink containing alcohol in the past year?**	
	Answer	Points
	☐ Never	0
	☐ Monthly or less	1
	☐ Two to four times a month	2
	☐ Two to three times a week	3
	☐ Four or more times a week	4
Q2:	**How many drinks did you have on a typical day when you were drinking in the past year?**	
	Answer	Points
	☐ None, I do not drink	0
	☐ 1 or 2	0
	☐ 3 or 4	1
	☐ 5 or 6	2
	☐ 7 to 9	3
	☐ 10 or more	4
Q3:	**How often did you have six or more drinks on one occasion in the past year?**	
	Answer	Points
	☐ Never	0
	☐ Less than monthly	1
	☐ Monthly	2
	☐ Weekly	3
	☐ Daily or almost daily	4

The AUDIT-C is scored on a scale of 0–12 (scores of 0 reflect no alcohol use). In men, a score of 4 or more is considered positive for problem alcohol use; in women, a score of 3 or more is considered positive. Generally, the higher the AUDIT-C score, the more likely it is that the patient's drinking is affecting his/her health and safety.

From: Bush K, Kivlahan D, McDonell M, et al. The AUDIT alcohol consumption questions (AUDIT-C): an effective brief screening test for problem drinking. Ambulatory Care Quality Improvement Project (ACQUIP). Alcohol Use Disorders Identification Test. Arch Intern Med 1998;158(16):1789-95.

Cannabis

The Cannabis Use Disorder Identification Test – Revised (CUDIT-R)

Have you used any cannabis over the past six months? **YES / NO**

If **YES**, please answer the following questions about your cannabis use. Circle the response that is most correct for you in relation to your cannabis use over the past six months:

1.	**How often do you use cannabis?**				
	Never 0	Monthly or less 1	2-4 times a month 2	2–3 times a week 3	4 or more times a week 4
2.	**How many hours were you "stoned" on a typical day when you had been using cannabis?**				
	Less than 1 0	1 or 2 1	3 or 4 2	5 or 6 3	7 or more 4
3.	**How often during the past 6 months did you find that you were not able to stop using cannabis once you had started?**				
	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
4.	**How often during the past 6 months did you fail to do what was normally expected from you because of using cannabis?**				
	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
5.	**How often in the past 6 months have you devoted a great deal of your time to getting, using, or recovering from cannabis?**				
	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
6.	**How often in the past 6 months have you had a problem with your memory or concentration after using cannabis?**				
	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
7.	**How often do you use cannabis in situations that could be physically hazardous, such as driving, operating machinery, or caring for children:**				
	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
8.	**Have you ever thought about cutting down, or stopping, your use of cannabis?**				
	Never 0		Yes, but not in the past 6 months 2		Yes, during the past 6 months 4

Scores of 8 or more indicate hazardous cannabis use.
Scores of 12 or more indicate a possible cannabis use disorder, for which further intervention may be required.

For further interpretation see:

Adamson S, Kay-Lambkin F, Baker A, et al. An improved brief measure of cannabis misuse: The Cannabis Use Disorders Identification Test – Revised (CUDIT-R). Drug Alcohol Depend 2010: (In Press).

Gambling

Eight gambling screen

	Early Intervention Gambling Health Test
1.	**Sometimes I've felt depressed or anxious after a session of gambling** ☐ yes, that's true ☐ no, I haven't
2.	**Sometimes I've felt guilty about the way I gamble** ☐ yes, that's so ☐ no, that isn't so
3.	**When I think about it, gambling has sometimes caused me problems** ☐ yes, that's so ☐ no, that isn't so
4.	**Sometimes I've found it better not to tell others, especially my family, about the amount of time or money I spend gambling** ☐ yes, that's true ☐ no, I haven't
5.	**I often find that when I stop gambling I've run out of money** ☐ yes, that's so ☐ no, that isn't so
6.	**Often I get the urge to return to gambling to win back losses from a past session** ☐ yes, that's so ☐ no, that isn't so
7.	**Yes, I have received criticism about my gambling in the past** ☐ yes, that's true ☐ no, I haven't
8.	**Yes, I have tried to win money to pay debts** ☐ yes, that's true ☐ no, I haven't

Scoring Guide

If **you** answer **YES to 4 or more** questions gambling may be causing you problems in your life.

EIGHT Screen (Early Intervention Gambling Health Test)
Developed by Dr Sean Sullivan
Abacus Counselling & Training Services Ltd
www.acts.co.nz