

AUDIT

Please circle the answer that is correct for you.

1. How often do you have a drink containing alcohol?					SCORE
Never (0)	Monthly or less (1)	Two to four times a month (2)	Two to three times per week (3)	Four or more times a week (4)	_____
2. How many drinks containing alcohol do you have on a typical day when you are drinking?					
1 or 2 (0)	3 or 4 (1)	5 or 6 (2)	7 to 9 (3)	10 or more (4)	_____
3. How often do you have six or more drinks on one occasion?					
Never (0)	Less than Monthly (1)	Monthly (2)	Two to three times per week (3)	Four or more times a week (4)	_____
4. How often during the last year have you found that you were not able to stop drinking once you had started?					
Never (0)	Less than Monthly (1)	Monthly (2)	Two to three times per week (3)	Four or more times a week (4)	_____
5. How often during the last year have you failed to do what was normally expected from you because of drinking?					
Never (0)	Less than Monthly (1)	Monthly (2)	Two to three times per week (3)	Four or more times a week (4)	_____
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 (0)	Less than Monthly (1)	Monthly (2)	Two to three times per week (3)	Four or more times a week (4)	_____
7. How often during the last year have you had a feeling of guilt or remorse after drinking?					
Never (0)	Less than Monthly (1)	Monthly (2)	Two to three times per week (3)	Four or more times a week (4)	_____
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?					
Never (0)	Less than Monthly (1)	Monthly (2)	Two to three times per week (3)	Four or more times a week (4)	_____
9. Have you or someone else been injured because of your drinking?					
No (0)		Yes, but not in the last year (2)		Yes, during the last year (4)	_____
10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?					
No (0)		Yes, but not in the last year (2)		Yes, during the last year (4)	_____
TOTAL SCORE					
Add the number for each question to get your total score.					_____

Procedure for Scoring AUDIT Questions 1-8 are scored 0,1,2,3,4. Questions 9 and 10 are scored 0,2, or 4 only. The response is as follows:

	0	1	2	3	4
Question 1	Never	Monthly or less	Two to four times per month	Two to three times per week	Four or more times per week
Question 2	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
Question 3-8	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Questions 9-10	No		Yes, but not in the last year		Yes, during the last year

The minimum score (for non-drinkers) is 0 and the maximum possible score is 40. A score of 8 or more indicates a strong likelihood of hazardous or harmful alcohol consumption.