

ALCOHOL USERS DISORDERS IDENTIFICATION TEST
(AUDIT)

Name:

Date of birth

| QUESTIONS | 0 | 1 | 2 | 3 | 4 | YOUR SCORE |
|---|-------|-------------------|---------------------------|----------------------|-----------------------|------------|
| How often do you have a drink that contains alcohol? | Never | Monthly or less | 2 – 4 times per month | 2 – 3 times per week | 4+ times per week | |
| How many standards alcoholic drinks do you have on a typical day when you are drinking? | 1 – 2 | 3 – 4 | 5 – 6 | 7 – 8 | 10+ | |
| How often do you have 6 or more standard drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| How often in the last year have you found you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| How often in the last year have you failed to do what was expected of you because of drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| How often in the last year have you needed an alcoholic drink in the morning to get you going? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| How often in the last year have you had a feeling of guilt or regret after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| How often in the last year have you not been able to remember what happened when drinking the night before? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| Have you or someone else been injured as a result of your drinking? | No | | Yes, but not in last year | | Yes, during last year | |
| Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down? | No | | Yes, but not in last year | | Yes, during last year | |

Total

Scoring: 0-7 sensible drinking, 8-15 hazardous drinking, 16-19 harmful drinking and 20+ possible dependence