

# AUDIT



## The Alcohol Use Disorders Identification Test: Interview Version

Read questions as written. 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 Qs 9-10]  
(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

If total is greater than recommended cut-off, consult User's Manual.

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

PATIENT: Because alcohol use 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	2-4 times a month	2-3 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 of 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 of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					<b>Total</b>	

**STANDARD  
DRINK  
EQUIVALENTS**

**APPROXIMATE  
NUMBER OF  
STANDARD DRINKS IN:**

**BEER or COOLER**

**12 oz.**



**~5% alcohol**

12 oz. = 1  
16 oz. = 1.3  
22 oz. = 2  
40 oz. = 3.3

**MALT LIQUOR**

**8-9 oz.**



**~7% alcohol**

12 oz. = 1.5  
16 oz. = 2  
22 oz. = 2.5  
40 oz. = 4.5

**TABLE WINE**

