



Client Information

<i>Client Name</i>	Generic Client
<i>Date of birth (age)</i>	1 January 1800 (218)

Assessment Information

<i>Assessment</i>	Alcohol Use Disorders Identification Test (AUDIT)
<i>Date administered</i>	20 March 2018
<i>Assessor</i>	Dr Ben Buchanan'
<i>Time taken</i>	0 minutes 13 seconds

Results

	Value	Percentile compared to people with drinking problems
Total Score	18	91.4

Scoring and Interpretation Information

Total scores range from 0 to 40, with higher scores indicating greater likelihood of hazardous and harmful drinking. Scores are also presented as a percentile compared to a sample of individuals enrolled in a drink driving treatment program (Hays & Merz, 1995). A percentile of 50 indicates a typical score for someone with serious drinking related driving offences, while higher percentiles indicate high severity. Percentiles below 30 likely indicate no drinking problem.

Scoring was computed by adding scores (0 – 4) on questions 1 to 8, and questions 9 and 10 scored 0, 2, or 4 points.

Total scores of 8 or more are recommended as indicators of hazardous and harmful alcohol use, as well as possible alcohol dependence. However, a score of 8 or more will only be sensitive to 59% of individuals who actually have drinking problems, (Bush et al, 1998). Therefore, scores should only be used as an indication of alcohol problems and not to definitively rule it out.

When looking at individual responses the questions can be conceptualized using the following three categories.

- Likelihood of hazardous health impacts (questions 1, 2 & 3)
- Dependence symptoms (questions 4, 5 & 6)
- Behavioral or social problems of use (questions 7, 8, 9 & 10)

Client Responses



Client Name	Generic Client
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Client Responses (cont.)

1	How often do you have a drink containing alcohol?					
	0 Never					
	1 Monthly or less					
	2 2-4 times a month					
	3 2-3 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 0 or 2					
	1 3 or 4					
	2 5 or 6					
	3 7 to 9					
	4 10 or more					
		Never	Less than monthly	Monthly	Weekly	Daily or almost daily
3	How often do you have six or more drinks on one occasion ?	0	1	2	3	4
4	How often during the last year have you found that you were not able to stop drinking once you had started?	0	1	2	3	4
5	How often during the last year have you failed to do what was normally expected of you because of drinking?	0	1	2	3	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 ?	0	1	2	3	4
7	How often during the last year have you had a feeling of guilt or remorse after drinking?	0	1	2	3	4
8	How often during the last year have you been unable to remember what happened the night before because of your drinking?	0	1	2	3	4
9	Have you or someone else been injured because of your drinking?					
	0 No					
	2 Yes, but not in the last year					
	4 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?					
	0 No					
	2 Yes, but not in the last year					
	4 Yes, during the last year					