



Alcohol Use Disorders Identification Test (AUDIT)

Instructions:

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. Please read the following questions and tap the box that best describes your answer to each question.

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					



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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