

Alcohol Use Disorders Identification Test



Please circle the answer that is correct for you:

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 it difficult to get the thought of alcohol out of your mind?

- Never Less than monthly Monthly Weekly Daily or almost daily

5. 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

6. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- Never Less than monthly Monthly Weekly Daily or almost daily

7. 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

8. 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

9. Have you or someone else been injured as a result of your drinking?

- No Yes, but not in the last year Yes, during the last year

10. Has a relative, friend, doctor or any other health worker been concerned about your drinking or suggested you cut down?

- No Yes, but not in the last year Yes, during the last year

The AUDIT questionnaire was developed by the World Health Organisation (1993)

How to Score Audit...

Questions 1 - 8	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
Questions 9 - 10	<input type="text" value="0"/>		<input type="text" value="2"/>		<input type="text" value="4"/>

To find the total score, add up the scores from Questions 1 to 10. The maximum score is 40.

For more information look at the answers to each section;

Questions 1 to 3:

A combined score of 4 or more for women or 5 or more for men suggests a level of drinking which is **hazardous**.

Questions 4 to six:

A combined score of 4 or more suggests that a person may be **psychologically or physically dependent on alcohol**.

Questions 7 to 10:

A combined score of 4 or more suggests **significant problems already exist**.

A total score of 8 or more on the questionnaire suggests that the person has a pattern of hazardous or harmful alcohol consumption.

This should be confirmed by checking the responses and by asking some supplementary questions.

What to do Now...

If the person scores 8 or more and has no dependence or harmful consequences (or only minor ones) suggest they cut down on drinking.

SAFE DRINKING:

Males – no more than 4 drinks, 4 times a week

Females – no more than 3 drinks, 3 times a week

There is no definite cut off score for dependence.

As a general guide, if a score is 13 or more it is likely that the person is alcohol dependent. Recommend that they abstain from drinking alcohol and refer for further assessment.