

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

### Alcohol Use Disorder Identification Test (AUDIT)

For each question below circle the number that matches your answer. When you've answered all of the questions, add up the circled numbers to get your score.

1. How often do you have a drink containing alcohol?  
(0) Never  
(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
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 of 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 of your drinking?  
(0) Never  
(1) Less Than Monthly  
(2) Monthly  
(3) Weekly  
(4) Daily or Almost Daily
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

MY SCORE is \_\_\_\_\_

- 0 to 8**     **You are in the low-risk range.** Stay within the recommended drinking limits.
- 8 to 19**    **You are in the at-risk or high risk range.** Reduce drinking to within the recommended limits. See Tips for Reducing your drinking.
- 20+**        **You are in the severe risk range.** Try to abstain from alcohol and get further medical assistance.