

World Health Organization Alcohol Use Disorders Identification Test (AUDIT)

Read the questions as written. Record your answer score carefully in the blank beside each question.

1. How often do you have a drink containing alcohol?
(0) Never **[skip to question 9]**
(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 unable to stop drinking once you 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 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 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 that you cut down?
(0) No
(2) Yes, but not in the last year
(4) Yes during the last year _____

Record Total Here _____

See next page for scoring information and actions to be taken

Scoring Interpretation

| Score | Level of Concern | Action to be Taken |
|------------|---|---|
| 0 – 7 | Low – Alcohol usage is within “normal limits” | While usage is within normal limits consider focusing on responsible drinking behaviors and/or talking with someone about how your drinking affects others. |
| 8 – 15 | Medium – Exceeding safe use guidelines | The amount of alcohol consumed exceeds safe limits. Seek out advice and/or support (counseling, groups, etc) focusing on reducing alcohol consumption |
| 16 – 19 | High – Hazardous usage | Alcohol consumption is reaching very dangerous limits. Counseling is strongly encouraged & monitoring of alcohol usage is a must. |
| 20 or more | High – Hazardous usage | Alcohol consumption is at lethal levels. Help is required, including further diagnostic evaluation for alcohol dependence. |