# ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)

1. How often do you have a drink containing alcohol?  
   - Never (0)  
   - Monthly or less (1)  
   - Two to four times a month (2)  
   - Two to three times a week (3)  
   - Four or more times a week (4)  

2. How many drinks containing alcohol do you have on a typical day when you are drinking?  
   - 1 or 2 (0)  
   - 3 or 4 (1)  
   - 5 or 6 (2)  
   - 7 to 9 (3)  
   - 10 or more (4)  

3. How often do you have six or more drinks on one occasion?  
   - Never (0)  
   - Less than monthly (1)  
   - Monthly (2)  
   - Weekly (3)  
   - Daily or almost daily (4)  

4. How often during the last year have you found that you were not able to stop drinking once you had started?  
   - Never (0)  
   - Less than monthly (1)  
   - Monthly (2)  
   - Weekly (3)  
   - Daily or almost daily (4)  

5. How often during the last year have you failed to do what was normally expected from you because of drinking?  
   - Never (0)  
   - Less than monthly (1)  
   - Monthly (2)  
   - Weekly (3)  
   - Daily or almost daily (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?  
   - Never (0)  
   - Less than monthly (1)  
   - Monthly (2)  
   - Weekly (3)  
   - Daily or almost daily (4)  

7. How often during the last year have you had a feeling of guilt or remorse after drink?  
   - Never (0)  
   - Less than monthly (1)  
   - Monthly (2)  
   - Weekly (3)  
   - Daily or almost daily (4)  

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?  
   - Never (0)  
   - Less than monthly (1)  
   - Monthly (2)  
   - Weekly (3)  
   - Daily or almost daily (4)
### AUDIT

9. Have you or someone else been injured as a result of your drinking?
   - [ ] No (0)
   - [ ] Yes, but not in the last year (2)
   - [ ] Yes, during the last year (4)

10. Has a relative or friend, or a doctor of other health worker been concerned about your drinking or suggested you cut down?
   - [ ] No (0)
   - [ ] Yes, but not in the last year (2)
   - [ ] Yes, during the last year (4)

**SCORING:** Questions 1-8 are scored 0, 1, 2, 3, or 4. Questions 9 and 10 are scored 0, 2, or 4 only. The minimum score (for non-drinkers) is 0 and the maximum possible score is 40. A score of 8 or more indicates a strong likelihood of hazardous or harmful alcohol consumption.

**FROM:** Saunders JB; Aasland OG; Babor TF; de la Fuente JR; Grant M. Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption. II. *Addiction* 88(6): 791-804, 1993.