## ${\bf ALCOHOL\ USE\ DISORDERS\ IDENTIFICATION\ TEST\ \ (AUDIT)}$

1.	How often do you have a drink conta	ining	5.	How often during the last year have y	you failed
	alcohol? (Score)			to do what was normally expected from you	
	[ ] Never	(0)		because of drinking?	(Score
	Monthly or less	(1)		Never	(0)
	[ ] Two to four times a month	(2)		Less than monthly	(1)
	Two to three times a week	(3)		Monthly	(2)
	Four or more times a week	(4)		[ ] Weekly	(3)
_				Daily or almost daily	(4)
2.	How many drinks containing alcohol do you		6.	How often during the last year have	vou naadad
	have on a typical day when you are drinking?			How often during the last year have you needed a first drink in the morning to get yourself	
	[ ] 1 or 2	(0)		going after a heavy drinking session?  [ ] Never [ ] Less than monthly [ ] Monthly	
	[] 3 or 4	(1)			(0)
	[ ] 5 or 6	(2)			(1)
	[ ] 7 to 9	(3)			(2)
	10 or more	(4)			(3)
3.	How often do you have six or more d	rinks on one		Daily or almost daily	(4)
	occasion?				
	Never	(0)	7. How often during the last year have you had a		
	Less than monthly	(1)		feeling of guilt or remorse after drink?  [ ] Never  [ ] Less than monthly  [ ] Monthly	
	Monthly	(2)			
	Weekly	(3)			
	Daily or almost daily	(4)			
				Weekly	
4.	How often during the last year have y			Daily or almost daily	(0) (1) (2) (3) (4) have you needed get yourself ssion? (0) (1) (2) (3) (4) have you had a r drink? (0) (1) (2) (3) (4) have you been bened the night rinking? (0) (1) (2) (3) (4)
	that you were not able to stop drinking once		8.	How often during the last year have y	you been
	you had started?  Never	(0)		unable to remember what happened the night before because you had been drinking?  [ ] Never [ ] Less than monthly	
		(0)			•
	Less than monthly	(1)			(0)
	Monthly	(2)			(1)
	Weekly	(3)			(2)
	Daily or almost daily	(4)		[ ] Weekly	(3)
				Daily or almost daily	(4)

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