

Alcohol Use Disorders Inventory Test (AUDIT)

Interview Version

Read the questions as written. Record responses carefully, scoring each answer according to number in parentheses. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" using examples of beer, wine, vodka, etc.

1. How often do you have a drink containing alcohol?

- | | | | |
|---|--------------------------|-----|--------------|
| Never (skip to Questions 9 & 10) | <input type="checkbox"/> | (0) | |
| Monthly or less | <input type="checkbox"/> | (1) | |
| Two to four times a month | <input type="checkbox"/> | (2) | |
| Two to three times per week | <input type="checkbox"/> | (3) | |
| Four or more times a week | <input type="checkbox"/> | (4) | Score: _____ |

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

- | | | | |
|------------|--------------------------|-----|--------------|
| 1 or 2 | <input type="checkbox"/> | (0) | |
| 3 or 4 | <input type="checkbox"/> | (1) | |
| 5 or 6 | <input type="checkbox"/> | (2) | |
| 7 to 9 | <input type="checkbox"/> | (3) | |
| 10 or more | <input type="checkbox"/> | (4) | Score: _____ |

3. How often do you have six or more drinks on one occasion?

- | | | | |
|-----------------------------|--------------------------|-----|--------------|
| Never | <input type="checkbox"/> | (0) | |
| Monthly or less | <input type="checkbox"/> | (1) | |
| Two to four times a month | <input type="checkbox"/> | (2) | |
| Two to three times per week | <input type="checkbox"/> | (3) | |
| Four or more times a week | <input type="checkbox"/> | (4) | Score: _____ |

➤ **If total score is 0 at this point, skip to Questions 9 & 10.**

4. How often during the last year have you found that you were not able to stop drinking once you had started?

- | | | | |
|-----------------------------|--------------------------|-----|--------------|
| Never | <input type="checkbox"/> | (0) | |
| Monthly or less | <input type="checkbox"/> | (1) | |
| Two to four times a month | <input type="checkbox"/> | (2) | |
| Two to three times per week | <input type="checkbox"/> | (3) | |
| Four or more times a week | <input type="checkbox"/> | (4) | Score: _____ |

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

- | | | | |
|-----------------------------|--------------------------|-----|--------------|
| Never | <input type="checkbox"/> | (0) | |
| Monthly or less | <input type="checkbox"/> | (1) | |
| Two to four times a month | <input type="checkbox"/> | (2) | |
| Two to three times per week | <input type="checkbox"/> | (3) | |
| Four or more times a week | <input type="checkbox"/> | (4) | Score: _____ |

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 | <input type="checkbox"/> | (0) | |
| Monthly or less | <input type="checkbox"/> | (1) | |
| Two to four times a month | <input type="checkbox"/> | (2) | |
| Two to three times per week | <input type="checkbox"/> | (3) | |
| Four or more times a week | <input type="checkbox"/> | (4) | Score: _____ |

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

- | | | | |
|---|--------------------------|-----|--------------|
| Never (<i>skip to Questions 9 & 10</i>) | <input type="checkbox"/> | (0) | |
| Monthly or less | <input type="checkbox"/> | (1) | |
| Two to four times a month | <input type="checkbox"/> | (2) | |
| Two to three times per week | <input type="checkbox"/> | (3) | |
| Four or more times a week | <input type="checkbox"/> | (4) | Score: _____ |

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

- | | | | |
|-----------------------------|--------------------------|-----|--------------|
| Never | <input type="checkbox"/> | (0) | |
| Monthly or less | <input type="checkbox"/> | (1) | |
| Two to four times a month | <input type="checkbox"/> | (2) | |
| Two to three times per week | <input type="checkbox"/> | (3) | |
| Four or more times a week | <input type="checkbox"/> | (4) | Score: _____ |

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

- | | | | |
|-------------------------------|--------------------------|-----|--------------|
| No | <input type="checkbox"/> | (0) | |
| Yes, but not in the last year | <input type="checkbox"/> | (2) | |
| Yes, during the last year | <input type="checkbox"/> | (4) | Score: _____ |

10. Has a relative or friend, or a doctor or 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) Score: _____

Total Score: _____

EVALUATION

<i>Risk Level</i>	<i>Intervention</i>	<i>Score</i>
I	Alcohol education	0 - 7
II	Simple advice	8 - 15
III	Simple advice plus brief counseling and continued monitoring	16 - 19
IV	Referral to specialist for diagnostic evaluation and treatment	20 - 40

ADDITIONAL RESOURCES

More information about the AUDIT is available from the World Health Organization at http://www.who.int/substance_abuse/activities/sbi/en/print.html where The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care can be downloaded free of charge.

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This document was prepared by **Ensuring Solutions to Alcohol Problems**, a research-based project funded by The Pew Charitable Trusts at The George Washington University Medical Center. For more information, visit www.ensuringsolutions.org. 2004.