

Alcohol Use Disorders Inventory Test (AUDIT)

Self-Report Version

Please check the box next to the answer that is correct for you.

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

- a) Never
- b) Monthly or less
- c) Two to four times a month
- d) Two to three times per week
- e) Four or more times a week

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

- a) 1 or 2
- b) 3 or 4
- c) 5 or 6
- d) 7 to 9
- e) 10 or more

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

- a) Never
- b) Monthly or less
- c) Two to four times a month
- d) Two to three times per week
- e) Four or more times a week

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

- a) Never
- b) Monthly or less
- c) Two to four times a month
- d) Two to three times per week
- e) Four or more times a week

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

- a) Never
- b) Monthly or less
- c) Two to four times a month
- d) Two to three times per week
- e) Four or more times a week

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?

- a) Never
- b) Monthly or less
- c) Two to four times a month
- d) Two to three times per week
- e) Four or more times a week

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

- a) Never
- b) Monthly or less
- c) Two to four times a month
- d) Two to three times per week
- e) Four or more times a week

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

- a) Never
- b) Monthly or less
- c) Two to four times a month
- d) Two to three times per week
- e) Four or more times a week

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

- a) No
- b) Yes, but not in the last year
- c) Yes, during the last year

10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

- a) No
- b) Yes, but not in the last year
- c) Yes, during the last year

SCORING KEY

Questions 1-8
a = 0
b = 1
c = 2
d = 3
e = 4
Questions 9-10
a = 0
b = 2
c = 4

Each answer scores the number of points indicated. Mark the number of points to the left of each question.

Now add the numbers to the left of each question to compute your total score and enter the number below. The minimum score (for non-drinkers) is 0 and the maximum possible score is 40.

_____ **ENTER YOUR TOTAL SCORE HERE**

INTERPRETATION

A score of **8** or more indicates a strong likelihood of hazardous or harmful alcohol consumption. Please consult a health care professional for advice.

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