

Alcohol Use Disorders Identification Test (AUDIT)

Please complete the questions below, using the scoring system to fill in the score for your answer. You do not need to complete the further questions if your total score from the initial three questions is less than 5.

This is one unit of alcohol...

... and each of these is more than one unit



Name: _____ Date: _____

Initial AUDIT questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

**** Please add up your scores so far – if your total is 5 or more, please also answer the questions below ****

Further AUDIT questions	0	1	2	3	4	Score
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily / almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily / almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily / almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily / almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily / almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, in the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, in the last year	
TOTAL SCORE (score from top & bottom sections added together)						

Scoring: 0 – 7 Lower risk; 8 – 15 Increasing risk; 16 – 19 Higher risk; 20+ Possible dependence