

## Alcohol Use Disorders Identification Test (AUDIT)

Read questions as written. Record answers carefully. 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" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

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

- (0) Never [Skip to Qs 9-10]
- (1) Monthly or less
- (2) 2-4 times a month
- (3) 2-3 times a week
- (4) 4 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?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

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

- (0) 1 or 2
- (1) 3 or 4
- (2) 5 or 6
- (3) 7 to 9
- (4) 10 or more

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

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

3. How often do you have 6 or more drinks on one occasion?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

*Skip to Q9 and 10 if Total Score for Q 2 and 3 = 0*

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

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

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

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

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

- (0) No
- (2) Yes, but not in the last year
- (4) Yes, during the last year

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

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

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

- (0) No
- (2) Yes, but not in the last year
- (4) Yes, during the last year

Record total of specific items here

*If total is greater than recommended cut-off, consult User's Manual.*

## Scoring the AUDIT

Add scores together. Total score can be compared with the cut-off scores below to identify hazardous and harmful drinkers and alcohol dependence. A cut-off score of 8 or more indicates a hazardous or harmful pattern of alcohol consumption.

AUDIT Score	Risk Level
0 - 7	Low Risk.
8 – 15	Risky or hazardous level Moderate risk of harm
16 - 19	High-risk or harmful level
20 or more	High-risk Dependence likely

In addition to the total AUDIT score, a sub-total of 'dependence' can be calculated by adding the scores of **questions 4 to 6**. If this sub-total score is 4 or more, the patient is likely alcohol dependent and further assessment should be considered.

For more information and to access the guidelines see the World Health Organisation website:  
[http://www.who.int/substance\\_abuse/publications/alcohol/en/index.html](http://www.who.int/substance_abuse/publications/alcohol/en/index.html)