

AUDIT:

Adapted from the AUDIT for Evaluation and Research

Name: _____ Age: _____ Sex: Male Female Date: _____

Instructions: Because alcohol use can affect your health and can interfere with certain medications and measurements, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest. For each question in the chart below, place an “X” in one box that best describes your answer.

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or “pure” alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink.

12 oz. of Beer = **8-9 oz. of Malt Liquor** = **5 oz. of Wine** = **1.5 oz. of Hard Liquor**
 (about 5% alcohol) (about 7% alcohol) (about 12% alcohol) (about 40% alcohol)

Questions		0	1	2	3	4
1.	How often do you have a drink containing alcohol?	Never	Monthly or Less	2 to 4 times a Month	2 to 3 times a Week	4 or more times a Week
2.	How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or More
3.	How often do you have 5 or more drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	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?	Never	Less than Monthly	Monthly	Weekly	Daily or Almost Daily
5.	How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or Almost Daily
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	Less than Monthly	Monthly	Weekly	Daily or Almost Daily
7.	How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or Almost Daily
8.	How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or Almost Daily
9.	Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10.	Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

(Reprinted and adapted from the World Health Organization, and excerpted from the National Institute of Health Publication No 07-3769, *National Institute on Alcohol and Alcoholism*, www.niaaa.nih.gov/guide.)

Purpose:

The Alcohol Use Disorders Identification Text (AUDIT) is a simple 10-question test developed by the World Health Organization. The purpose of the test is to determine if a person's alcohol consumption is harmful. The AUDIT takes about 5 minutes to complete: Questions 1–3 deal with alcohol consumption, 4–6 relate to alcohol dependence and 7–10 consider alcohol-related problems. The measure is completed by the client prior to the first visit with a psychologist. This measure will be used to track changes in symptomatology over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual's symptoms and treatment status.

Scoring and Interpretation:

- Scores between 8 and 15 are most appropriate for simple advice focused on the reduction of hazardous drinking
- Scores between 16 and 19 suggest brief counseling and continued monitoring
- Scores of 20 or above warrant further diagnostic evaluation for alcohol dependence