



### AUDIT QUESTIONNAIRE

The 10 items below refer to how you have behaved during the past year. Answer each question, indicating the statement that is most true for you.

1. How often do you have a drink containing alcohol?	
<input type="checkbox"/>	Never
<input type="checkbox"/>	Monthly or less
<input type="checkbox"/>	Two to four times per month
<input type="checkbox"/>	Two to three times per week
<input type="checkbox"/>	Four or more times per week
2. How many drinks containing alcohol do you have on a typical day when you are drinking? (Make sure you understand how each “drink” is defined - see “Drink Definitions” above.)	
<input type="checkbox"/>	1 or 2
<input type="checkbox"/>	3 or 4
<input type="checkbox"/>	5 or 6
<input type="checkbox"/>	7, 8 or 9
<input type="checkbox"/>	10 or more
3. How often do you have 6 or more drinks on one occasion?	
<input type="checkbox"/>	Never
<input type="checkbox"/>	Less than monthly
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Weekly
<input type="checkbox"/>	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?	
<input type="checkbox"/>	Never
<input type="checkbox"/>	Less than monthly
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Weekly
<input type="checkbox"/>	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected from you because of drinking?	
<input type="checkbox"/>	Less than monthly
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Weekly
<input type="checkbox"/>	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 you had been drinking?

	Never
	Less than monthly
	Monthly
	Weekly
	Daily or almost daily

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

	No
	Yes, but not in the last year
	Yes, during the last year

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

	No
	Yes, but not in the last year
	Yes, during the last year

## Scoring the AUDIT

Questions 1-8 are scored 0, 1, 2, 3, or 4.

Questions 9 and 10 are scored 0, 2, or 4.

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Question 1</b>	Never or less	Monthly	2-4 times per month	2-3 times per week	4 or more times per week
<b>Question 2</b>	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
<b>Questions 3-8</b>	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily
<b>Questions 9-10</b>	No		Yes, but not in the last year		Yes, during the last year

## Results of Your AUDIT Alcohol Screening Test

<b>20+</b>	Hazardous Usage: Help Required
<b>16 - 19</b>	Hazardous Usage: Help Strongly Urged
<b>8 - 15</b>	Exceeding Safe-Use Guidelines
<b>0 - 7</b>	Normal Usage

A score of 8 or more indicates a strong likelihood of risky or harmful drinking.

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