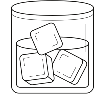
AUDIT Alcohol Screening Test

Full name of the patient:	Date accomplished:
Full name of the assessor:	

Instructions: Please answer the following questions with the appropriate choices indicated for each of them. Also, please note what counts as one drink when thinking about your answers to your questions:

12 oz. of beer **5 oz. of wine** **1.5 oz. liquor (one shot)** 

	0	1	2	3	4
1. How often do you have a drink containing alcohol?	◯ Never	◯ Monthly or less	◯ 2-4 times a month	◯ 2-3 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?	◯ 0 - 2	◯ 3 or 4	◯ 5 or 6	◯ 7 - 9	◯ 10 or more
3. How often do you have five 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, in 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, in the last year

Have you ever been in treatment for an alcohol problem? ◯ Never ◯ Currently ◯ In the past

SCORING INTERPRETATION ON THE NEXT PAGE

(FOR THE ASSESSOR ONLY)

Score ranges, designations, and recommended actions:

Score Range	Zone	Recommended Action(s)
0-7	I - Low Risk	Provide feedback and educate them about moderating their consumption of alcohol by talking about low-risk drinking guidelines.
8-14	II - Hazardous/Harmful	Provide feedback + brief intervention.
15+	III - Alcohol Dependent/Addicted	Provide feedback + brief intervention + refer to a rehabilitation or addiction specialist for further examination and official diagnosis.

Additional Notes