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