

# AUDIT Questionnaire

1 standard drink =

Dear Patient

As part of my service I am examining lifestyle issues likely to affect the health of my patients. This will assist me in giving the best treatment possible. To help me do this, could you please complete this questionnaire in the waiting room before your appointment. When you have finished, please hand it back to the receptionist. I will explain the results to you during your consultation. Your answers to these questions will be treated in strict confidence



OR



OR



285mls  
of beer

100mls  
of wine

30mls  
of spirits

Name \_\_\_\_\_

Age \_\_\_\_\_ Sex    Male     Female

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

Never     Monthly or less     2-4 times a month     2 to 3 times a week     4 times a week or more

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

1 or 2     3 or 4     5 or 6     7-9     10 or more

3. How often do you have 6 or more standard 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 your drinking?

Never     Less than monthly     Monthly     Weekly     Daily or almost daily

6. How often during the last year have you needed a drink in the morning to get you going after a heavy drinking session?

Never     Less than monthly     Monthly     1 Weekly     Daily or almost daily

7. How often during the last year have you had a feeling of guilt or regret 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 friend, relative, 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**

Scores for each question range from 0 to 4, with the first response for each question (eg never) scoring 0, the second (eg less than monthly) scoring 1, the third (eg monthly) scoring 2, the fourth (eg weekly) scoring 3, and the last response (eg. daily or almost daily) scoring 4. For questions 9 and 10, which only have three responses, the scoring is 0, 2 and 4 (from left to right).

A score of 8 or more is associated with harmful or hazardous drinking, a score of 13 or more in women, and 15 or more in men, is likely to indicate alcohol dependence.

Saunders JB, Aasland OG, Babor TF et al. Development of the alcohol use disorders identification test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption — II. Addiction 1993; 88: 791–803.