The Alcohol Use Disorders Identification Test (AUDIT)

Think about your drinking over the past year. Please circle the response that represents the best answer for you. If you have not had any alcohol in the past year, please skip the next 2 pages.

1. How often do you have a drink containing alcohol?
   - Never
   - Monthly
   - 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?
   - 1 or 2
   - 3 or 4
   - 5 or 6
   - 7 to 9
   - 10 or more

3. How often do you have six 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 failed to do what was normally expected of you because of drinking?
   - never
   - Less than monthly
   - monthly
   - weekly
   - Daily or almost daily
5. 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  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  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  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  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 a doctor or other health worker been concerned about your drinking or suggested that you cut down?
    No  Yes, but not in the last year  Yes, during the last year

Reference: