Alcohol Use Disorders Identification Test (AUDIT) [1]

Description: The 10-question Alcohol Use Disorders Identification Test (AUDIT) was developed by the World Health Organization (WHO) specifically for primary care settings as a screen for detecting at-risk or hazardous drinking. A shorter version of the AUDIT also is used in primary care and consists of the first 3 questions of the AUDIT. Note: The AUDIT manual from WHO suggests adjusting Question 3 based on the size of the standard drink in the country where it will be used. The U.S. standard drink is now 14 grams, therefore many clinicians are now using 4 drinks rather than 6 drinks in Question 3; alternatively, have the patient refer to a diagram showing the standard drink size.

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

___ never (0 point)

___ less than monthly / monthly (1 point)

___ 2-4 times/month (2 points)

___ 2-3 times/week (3 points)

___ 4 or more times/week (4 points)

2. How many standard drinks containing alcohol do you have on a typical day drinking?

___ 1 or 2 (0 point)

___ 3 or 4 (1 point)

___ 5 or 6 (2 points)

___ 7 or 9 (3 points)

___ 10 or more (4 points)

3. How often do you have six or more drinks on one occasion?

___ never (0 point)

___ less than monthly (1 point)

___ monthly (2 points)

___ weekly (3 points)

___ daily or almost daily (4 points)

4. How often during the last year have you found that you were not able to stop drinking once you had started?

___ never (0 point)

___ less than monthly (1 point)

___ monthly (2 points)

___ weekly (3 points)

___ daily or almost daily (4 points)

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

___ never (0 point)

___ less than monthly (1 point)

___ monthly (2 points)

___ weekly (3 points)

___ daily or almost daily (4 points)

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

___ never (0 point)

___ less than monthly (1 point)

___ monthly (2 points)

___ weekly (3 points)

___ daily or almost daily (4 points)

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

___ never (0 point)

___ less than monthly (1 point)

___ monthly (2 points)

___ weekly (3 points)

___ daily or almost daily (4 points)

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

___ never (0 point)

___ less than monthly (1 point)

___ monthly (2 points)

___ weekly (3 points)

___ daily or almost daily (4 points)

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

___ no (0 point)

___ yes, but not in the last year (1 point)

___ yes, during the last year (2 points)

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

___ no (0 point)

___ yes, not during the last year (1 point)

___ yes, during the last year (2 points)

Scoring:

•Each question can have a score of 0-4.

•Maximum score =40

Interpretation:

•A cutoff of 8 can identify potential alcohol misuse (Babor et al, 1992, NIAAA 2007). Reference: Babor TF, de la Fluente JR, Saunders J, Grant M. AUDIT: The Alcohol Use Disorders Identification Test: guidelines for use in primary health care. Geneva, Switzerland: World Health Organization; 1992.

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