Alcohol Use Disorders Identification Test (AUDIT)

Please select the answer that is correct for you.

	Never (Skip to Questions 9-10)	Monthly less	or T	wo to four times a month		vo to t imes wee	per	tin	r or more nes per week
1. How often do you have a drink containing alcohol?	0 0			0	0		0		
					1 or 2	3 or 4	5 or 6	7 to 9	10 or more
2. How many drinks contai when you are drinking?	al day	0	0	0	0	0			
			Never	Less that monthl	M	onthly	y Wee		Daily or almost daily
3. How often do you have six or more drinks on one occasion?		0	0		0	0		0	
4. How often during the last year have you found that you were not able to stop drinking once you had started?		0	0		0	0		0	
5. How often during the last year have you failed to do what was normally expected from you because of drinking?		0	C		0	0		0	
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?		0	0		0	0		0	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?		0	0		0	0		0	
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?		0	0		0	0		0	

	No	Yes, but not in the last year	Yes, during the last year	
9. Have you or someone else been injured as a result of your drinking?	0	C	0	
10. Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?	0	0	0	