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| **CLINIC LOGO** | **Patient Label Here** |

**ALCOHOL USE QUESTIONS (AUDIT)**

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| One drink equals: | 12 oz. beer | | C:\Users\felvebm\Downloads\MP900305836.JPG  5 oz. wine | | | 1.5 oz. liquor (one shot) | |
| Place an X in one box that best describes your answer to each question. | | | | | | | |
| **In the past 12 months…** | **0** | **1** | | **2** | **3** | | **4** |
| 1. How often do you have a drink containing alcohol? | ○ Never | ○ Monthly or less | | ○ 2 to 4 times a month | ○ 2 to 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 5 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 from 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, during 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, during the last year |
| *Add scores for each column, then add across this row.* |  |  | |  |  | |  |
| **TOTAL** | | | | | | |  |

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCORING:**

Each response from the AUDIT has a score ranging from 0 to 4. The top of each column has a number. That number equals the score value for responses in that column. After a patient has completed the AUDIT, add up each column score, and then sum all five columns for the patient’s score. Below are the scoring guidelines for the AUDIT.

|  |  |  |
| --- | --- | --- |
| **Guidelines for Interpretation for AUDIT** | | |
| **Score** | **Risk Level** | **Intervention** |
| 0-6 (Female)  0-7 (Male) | Zone I | Feedback and alcohol education |
| 7-15 (Female)  8-15 (Male) | Zone II | Brief intervention |
| 16-19 | Zone III | Brief intervention plus brief therapy |
| 20-40 | Zone IV | Brief intervention plus referral to chemical dependency treatment |

Babor TF, Higgins-Biddle JC , Saunders JB, Monteiro MG. *AUDIT: The Alcohol Use Disorders Identification Test Guidelines for Use in Primary Care.* *2nd Edition.* World Health Organization. 2001