### **Alcohol Use Disorders Identification Test (AUDIT)**

Please tick (✔) one box for each question

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| --- |
| Q1. How often do you a drink containing alcohol? |
| Never (skip to Q’s 9-10) | Monthly or less | 2-4 times a month | 2-3 times a week | 4 times a week or more often |
|  | ⬜ 0 | ⬜ 1 | ⬜ 2 | ⬜ 3 | ⬜ 4 |
| Q2. How many drinks containing alcohol do you have on a typical day when you are drinking? |
|  | 1-2 | 3 or 4 | 5 or 6 | 7,8 or 9 | 10 or more |
|  | ⬜ 0 | ⬜ 1 | ⬜ 2 | ⬜ 3 | ⬜ 4 |
| Q3. How often do you have six or more drinks on one occasion? |
|  | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
|  | ⬜ 0 | ⬜ 1 | ⬜ 2 | ⬜ 3 | ⬜ 4 |
| Q4. 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 |
|  | ⬜ 0 | ⬜ 1 | ⬜ 2 | ⬜ 3 | ⬜ 4 |
| Q5. 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 |
|  | ⬜ 0 | ⬜ 1 | ⬜ 2 | ⬜ 3 | ⬜ 4 |
| Q6. 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 |
|  | ⬜ 0 | ⬜ 1 | ⬜ 2 | ⬜ 3 | ⬜ 4 |
| Q7. How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking? |
|  | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
|  | ⬜ 0 | ⬜ 1 | ⬜ 2 | ⬜ 3 | ⬜ 4 |
| Q8. 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 |
|  | ⬜ 0 | ⬜ 1 | ⬜ 2 | ⬜ 3 | ⬜ 4 |
| Q9. 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 |
| ⬜ 0 | ⬜ 2 | ⬜ 4 |
| Q10. Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down? |
| Never | Yes, but not in the past year | Yes, during the past year |
| ⬜ 0 | ⬜ 2 | ⬜ 4 |
| ***Total Score:*** |  |

**Scoring & interpretation**: The AUDIT consists of ten questions. Questions 1 to 8 are each scored 0, 1, 2, 3, or 4 points. Questions 9 and ten are each scored 0, 2, or 4 points. A total score is obtained by summing points obtained for each of the ten questions. The minimum total score possible is 0, and the maximum total score possible is 40 (i.e. Total score range: 0-40).

**AUDIT score interpretation**

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| **Score** | **Interpretation** |
| 8-15 | Simple advice focused on reducing hazardous drinking |
| 16-19 | Brief counselling and continued monitoring |
| 20 or more | Warrant further diagnostic evaluation for alcohol dependence |

**Tool citation:** Saunders, J.B., Aasland, O.G., Amundsen, A., et al. Alcohol consumption and related problems among primary health care patients: WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption I*.* *Addiction*, 1993. **88**(3): 349-362.

**Further Information**: Fischer, J.A., Roche, A.M., and Duraisingam, V. *Alcohol Use Disorders Identification Test (AUDIT): description, strengths and knowledge gaps*. 2021, National Centre for Education and Training on Addiction (NCETA), Flinders University: Adelaide, South Australia.