

Date: _____

CLIENT NAME: _____

OFFICE USE ONLY

AUDIT Score: _____

AUDIT QUESTIONNAIRE

These questions refer to your use of alcohol. Please circle the answer that is correct for you.

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

0	1	2	3	4
never	monthly or less	2 to 4 times/month	2 to 3 times/week	4 or more times/week

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

0	0	1	2	3	4
none	1 or 2	3 or 4	5 or 6	7 to 9	10 or more

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

0	1	2	3	4
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?

0	1	2	3	4
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?

0	1	2	3	4
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?

0	1	2	3	4
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?

0	1	2	3	4
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 you had been drinking?

0	1	2	3	4
never	less than monthly	monthly	weekly	daily or almost daily

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

0	2	4
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 you cut down?

0	2	4
no	yes, but not in the last year	yes, during the last year

Where Does Your ALCOHOL Use Fit In?

The World Health Organization developed the AUDIT questionnaire to evaluate a person's use of alcohol and the extent to which drinking is a problem for a person. Your AUDIT score, shown above, is based on materials you filled out earlier.

Higher scores typically reflect more serious problems.

Where Do You Fit In?
Your AUDIT Score is

