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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.

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| One drink equals: | 12 oz. beer | C:\Users\felvebm\Downloads\MP900305836.JPG5 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.

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| **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