

# AUDIT

## (Alcohol Use Disorders Identification Test)

**This questionnaire was developed by the World Health Organization to identify persons whose alcohol consumption has been hazardous or harmful to their health.**

One unit of alcohol is: ½ pint average strength beer/lager (341 ml) **OR** one glass of wine (5oz) **OR** one single measure of spirits (1.5 oz).

**Note:** some drinks may contain deceptively high quantities of alcohol. For example, a can of high strength lager may contain 3-5 units and a bottle of pre-mixed spirit drink may contain up to 2 units.

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

(0) never (1) monthly or less (2) 2-4 times a month (3) 2-3 times a week (4) 4 or more times a week

**2. How many units of alcohol do you drink on a typical day when you are drinking?**

(0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8 or 9 (4) 10 or more

**3. How often do you have six or more units of alcohol on one occasion?**

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

**7. How often during the last year have you had a feeling of guilt or remorse after drinking?**

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

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

(0) No (2) Yes, but not in the last year (4) Yes, during the last year

**10. Has a relative or friend or doctor or another health worker been concerned about your drinking or suggested you cut down?**

(0) No (2) Yes but not in the last year (4) Yes, during the last year

**Record total of specific items here**

If total over 8, alcohol use disorder very likely.

Scores above zero on items 4 through 6 indicate presence or emergence of alcohol dependence.