

# AUDIT

Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

For each question in the chart below, place an X in one box that best describes your answer.

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or “pure” alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:



Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many standard drinks containing alcohol do you have on a typical day?	1 or 2	3 to 4	5 to 6	7 to 9	10 or more	
3. How often do you have 4 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 of 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	
					Total	

## AUDIT (Alcohol Use Disorders Identification Test)

### Scoring Information for facilitator:

Each question has a score ranging from 0-4 as seen on top row of the table.  
Write the score for each question in the right box and add up the total.

<b>Score</b>	<b>Risk Level</b>	<b>Description of Zone</b>	<b>Intervention/Response</b>
0-7	Zone 1: Low Risk	At low risk for social or health complications	Positive reinforcement/brief advice
8-15	Zone 2: Risky	May develop health or social problems	BI - Brief Intervention
16-19	Zone 3: Harmful	Has experienced negative effects from substance use	EBI -Extended Brief Intervention
20-40	Zone 4: High Risk	Could benefit from more assessment and assistance	RT-Refer to specialist for diagnostic evaluation and treatment