

The AUDIT Questionnaire

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Circle the number that comes closest to the patient's answer. **1. How often do you have a drink containing alcohol?**

(0) Never	(1) Monthly or less	(2) Two to four times a month	(3) Two to three times a week	(4) Four or more times a week
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2. How many drinks containing alcohol do you have on a typical day when you are drinking? [Code number of standard drinks.¹

(0) 1 or 2	(1) 3 or 4	(2) 5 or 6	(3) 7 to 9	(4) 10 or more
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3. How often do you have six or more drinks on one occasion?

(0) Never	(1) Less than monthly	(2) Monthly	(3) Weekly	(4) Daily or almost daily
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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
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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
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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
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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
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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
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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
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10. Has a relative or friend or a doctor or other 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
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Procedure for scoring AUDIT

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Questions 1-8 are scored 0, 1, 2, 3, or 4. Questions 9 and 10 are scored 0, 2, or 4 only. The response is as follows:

	0	1	2	3	4
Question 1	Never	Monthly or less	Two to four times per month	Two to three times per week	Four or more times per week
Question 2	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
Question 3-8	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Question 9-10	No		Yes, but not in the last year		Yes, during the last year

