

# AUDIT

**PATIENT:** 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 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 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 |  |
|  |        |                   |                               |                     | <b>Total</b>              |  |

**Note:** This questionnaire (the AUDIT) is reprinted with permission from the World Health Organization. To reflect drink serving sizes in the United States (14g of pure alcohol), the number of drinks in question 3 was changed from 6 to 5. A free AUDIT manual with guidelines for use in primary care settings is available online at [www.who.org](http://www.who.org).