

CHECK YOUR DRINKING: An interactive self-test

The AUDIT questionnaire is designed to help in the self-assessment of alcohol consumption and to identify any implications for the person's health and wellbeing, now and in the future.

It consists of 10 questions on alcohol use. The responses to these questions can be scored and the total score prompts feedback to the person and in some cases offers specific advice.

Conduct a quick self-test with the AUDIT below. Click on “submit” at the end for an instant assessment.

Please select your gender.

- ☐ Male
- ☐ Female

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 when drinking?

- ☐ 1 or 2
- ☐ 3 or 4
- ☐ 5 or 6
- ☐ 7 to 9
- ☐ 10 or more

3. How often do you have six or more drinks on one occasion?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly

- ☐ Weekly
- ☐ Daily or almost daily

4. During the past year, how often 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. During the past year, how often 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. During the past year, how often have you needed a drink in the morning to get yourself going after a heavy drinking session?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

7. During the past year, how often have you had a feeling of guilt or remorse after drinking?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

8. During the past year, how often have you been unable to remember what happened the night before because you had been drinking?

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

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

- ☐ No
- ☐ Yes, but not in the past year
- ☐ Yes, during the past year

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

- ☐ No
- ☐ Yes, but not in the past year
- ☐ Yes, during the past year

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