Alcohol Use Disorders Identification Test (AUDIT)

AAA
English

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.

Please check the box that best describes your answer to each question.

1) How often do you have a drink containing alcohol?

* must provide value

- ○ Never
- ○ Monthly or less
- ○ Two to four times a month
- ○ Two to three times a week
- ○ Four or more times a week

2) How many drinks containing alcohol do you have on a typical day when you are drinking?

* must provide value

- ○ 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?

* must provide value

- ○ 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?

* must provide value

- ○ 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?

* must provide value

- ○ 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?

* must provide value

- ○ 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?

* must provide value

- ○ 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 you had been drinking?

* must provide value

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

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

* must provide value

- ○ No
- ○ Yes, but not in the last year
- ○ Yes, during the last year

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

* must provide value

- ○ No
- ○ Yes, but not in the last year
- ○ Yes, during the last year

Submit