

**OLJABET HOSPITAL**

**NYAHURURU**

[oljabethospital@yahoo.com](mailto:oljabethospital@yahoo.com)

[www.oljabethospital.co.ke](http://www.oljabethospital.co.ke)

*‘Healthcare that cares’*

*0722624363 /0703333111*

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Alcohol consumption screening AUDIT questionnaire in adults**

|  |  |  |
| --- | --- | --- |
| 1) How often do you have a drink containing alcohol? | | |
|  |  | Never (0 points) |
|  |  | Monthly or less (1 point) |
|  |  | 2 to 4 times a month (2 points) |
|  |  | 2 to 3 times a week (3 points) |
|  |  | 4 or more times a week (4 points) |
| 2) How many drinks containing alcohol do you have on a typical day when you are drinking? | | |
|  |  | 1 or 2 (0 points) |
|  |  | 3 or 4 (1 point) |
|  |  | 5 or 6 (2 points) |
|  |  | 7 to 9 (3 points) |
|  |  | 10 or more (4 points) |
| 3) How often do you have 5 or more drinks on one occasion? | | |
|  |  | Never (0 points) |
|  |  | Less than monthly (1 point) |
|  |  | Monthly (2 points) |
|  |  | Weekly (3 points) |
|  |  | Daily or almost daily (4 points) |
| 4) How often during the last year have you found that you were not able to stop drinking once you had started? | | |
|  |  | Never (0 points) |
|  |  | Less than monthly (1 point) |
|  |  | Monthly (2 points) |
|  |  | Weekly (3 points) |
|  |  | Daily or almost daily (4 points) |
| 5) How often during the last year have you failed to do what was normally expected of you because of drinking? | | |
|  |  | Never (0 points) |
|  |  | Less than monthly (1 point) |
|  |  | Monthly (2 points) |
|  |  | Weekly (3 points) |
|  |  | Daily or almost daily (4 points) |
| 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 (0 points) |
|  |  | Less than monthly (1 point) |
|  |  | Monthly (2 points) |
|  |  | Weekly (3 points) |
|  |  | Daily or almost daily (4 points) |
| 7) How often during the last year have you had a feeling of guilt or remorse after drinking? | | |
|  |  | Never (0 points) |
|  |  | Less than monthly (1 point) |
|  |  | Monthly (2 points) |
|  |  | Weekly (3 points) |
|  |  | Daily or almost daily (4 points) |
| 8) How often during the last year have you been unable to remember what happened the night before because you had been drinking? | | |
|  |  | Never (0 points) |
|  |  | Less than monthly (1 point) |
|  |  | Monthly (2 points) |
|  |  | Weekly (3 points) |
|  |  | Daily or almost daily (4 points) |
| 9) Have you or someone else been injured as a result of your drinking? | | |
|  |  | No (0 points) |
|  |  | Yes, but not in the last year (2 points) |
|  |  | Yes, during the last year (4 points) |
| 10) Has a relative, a friend, a doctor, or another health worker been concerned about your drinking or suggested you cut down? | | |
|  |  | No (0 points) |
|  |  | Yes, but not in the last year (2 points) |
|  |  | Yes, during the last year (4 points) |

Total criteria point count: 

|  |  |
| --- | --- |
|  | Alcohol screen score |

|  |  |
| --- | --- |
| 0 to 7 points: | Low risk |
| 8 to 15 points: | Medium risk |
| 16 to 19 points: | High risk |
| 20 to 40 points: | Addiction likely |