

**AUDIT – SELF-REPORT VERSION**

Scoring instructions: Each response is scored using the numbers at the top of each response column. Write the appropriate number associated with each answer in the column at the right. Then add all numbers in that column to obtain the total score.

The Questionnaire appears overleaf.

## The Alcohol Use Disorders Identification Test: Self-report Version

GP: 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.

Questions	0	1	2	3	4	
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 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 six 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 you had been 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>						

Source: Babor, T., Higgins-Biddle, J.C., Saunders, J. & Monteiro, M.G. 2001, *The Alcohol Use Disorders Identification Test (AUDIT): Guidelines for Use in Primary Care* (2<sup>nd</sup> edn.) WHO, Department of Mental Health and Substance Dependence, Geneva, [www.stir.ac.uk/departments/humansciences/appsocsci/audit/DRUGS](http://www.stir.ac.uk/departments/humansciences/appsocsci/audit/DRUGS), pp. 30-31.