

AUDIT Alcohol Questionnaire



Drinking alcohol can affect your health. This is especially important if you take certain medications. We want to help you stay healthy and lower your risk for the problems that can be caused by drinking. The following questions are about your drinking habits.

To help you answer correctly, we've listed the serving size of one drink on the back of this sheet.

Circle your answers. Then find your score in the top row above your answer. At the end, total your scores and look at the back of this sheet to rate your drinking habits.

Questions	0	1	2	3	4	Your score
1. How often did you have one drink containing alcohol in the last year?	I don't drink alcohol	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 did you have on a typical day when you were drinking in the last year?	0 to 2	3 to 4	5 to 6	7 to 9	10 or more	
3. How often did you have six or more drinks on one occasion in the last year?	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 from 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 as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative or friend or doctor or other health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total	

Rating your score

For men and women 0-4: You're at low risk for problems caused by drinking.

For men 5-10; for women: 5-8: You could be at risk for problems caused by drinking alcohol. Making changes in your drinking habits can help lower your risk.

For men 11 and above; for women 9 and above: Scores in this range could mean drinking might be harming your health and increasing your risk for other problems related to alcohol use.

Talk to your health care provider about these questions and your score. He or she will be able to work with you to help you cut down or stop drinking, and discuss any concerns or questions you may have.

Standard serving of one drink:



12 ounces of beer or malt beverage

1.5 ounces of 80 proof liquor

5 ounces of wine

4 ounces of sherry, liqueur, or aperitif