



Alcohol Use Disorders Identification Test (AUDIT)

This tool is a self-assessment designed to help you determine if you need further, professional screening for alcohol use disorders. It is not meant to replace evaluation and advice of a medical professional.

If you think you might have a problem with alcohol, please call your doctor or The Hospital of Central Connecticut's Outpatient Psychiatry and Behavioral Health Substance Abuse Services, **(860) 224-9985**.

Please circle the answer that is correct for you.

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

| | | | | |
|-------|-----------------|------------------------------|------------------------------|------------------------------|
| 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?

| | | | | |
|--------|--------|--------|--------|------------|
| 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 you were unable to stop drinking once you 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 |
|-------|----------------------|---------|--------|--------------------------|

- more -

Alcohol Use Disorders Identification Test (AUDIT) (cont.)

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 a 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

Scoring the test: Please see the scoring numbers in the top line that correspond with answers to each question. For example, if you answered “two to four times a month” for question #1, your score for that question would be 2.

| | Answer/Score | | | | |
|--------------|--------------|-------------------|-------------------------------|-----------------------------|-----------------------------|
| Question #s) | 0 | 1 | 2 | 3 | 4 |
| 1 | Never | Monthly or less | Two to four times per month | Two to three times per week | Four or more times per week |
| 2 | 1 or 2 | 3 or 4 | 5 to 6 | 7 to 9 | 10 or more |
| 3-8 | Never | Less than Monthly | Monthly | Weekly | Daily or almost daily |
| 9-10 | No | | Yes, but not in the last year | | Yes, during the last year |

The minimum score (for non-drinkers) is 0 and the maximum possible score is 40. A score of 8 or more indicates a possibility of hazardous or harmful alcohol consumption.

REFERENCE

Saunders, J. B., Aasland, O. G., Babor, F., et al. (1993). Development of the alcohol use disorders screening test (AUDIT). WHO collaborative project on early detection of persons with harmful alcohol consumption, II. Addiction, 88, 791-804.