

## ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)

### WORLD HEALTH ORGANIZATION

- |   |        |                 |                           |                           |                           |
|---|--------|-----------------|---------------------------|---------------------------|---------------------------|
| 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 - 9                     | 10 or more                |
- (See below an indication of the number of drinks in common beverages)



- |  |       |                               |         |                           |                       |
|--|-------|-------------------------------|---------|---------------------------|-----------------------|
| 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 it difficult to get the thought of alcohol out of your mind?                        | NEVER | LESS THAN MONTHLY             | MONTHLY | WEEKLY                    | DAILY OR ALMOST DAILY |
| 5. How often during last year have you found you were not able to stop drinking once you had started?                                | NEVER | LESS THAN MONTHLY             | MONTHLY | WEEKLY                    | DAILY OR ALMOST DAILY |
| 6. 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 |
| 7. 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 |
| 8. 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 |
| 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 |                       |

People who score:

8-15 or more should be given simple advice for hazardous drinking.

16-19 should receive brief counselling and monitoring

20 and over warrant further investigation for a diagnosis of alcohol dependence

World Health Organization (2001)