



# AUDIT Screening Tool

## The Alcohol Use Disorders Identification Test: Interview Version

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

<p>1. How often do you have a drink containing alcohol?</p> <p>(0) Never [Skip to Qs 9-10]            (1) Monthly or less            (2) 2 to 4 times a month            (3) 2 to 3 times a week            (4) 4 or more times a week</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>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?</p> <p>(0) Never            (1) Less than monthly            (2) Monthly            (3) Weekly            (4) Daily or almost daily</p> <p style="text-align: right;"><input type="checkbox"/></p>
<p>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</p> <p>(0) 1 or 2            (1) 3 or 4            (2) 5 or 6            (3) 7, 8, or 9            (4) 10 or more</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</p> <p>(0) Never            (1) Less than monthly            (2) Monthly            (3) Weekly            (4) Daily or almost daily</p> <p style="text-align: right;"><input type="checkbox"/></p>
<p>3. How often do you have six or more drinks on one occasion?</p> <p>(0) Never            (1) Less than monthly            (2) Monthly            (3) Weekly            (4) Daily or almost daily</p> <p><i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i></p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</p> <p>(0) Never            (1) Less than monthly            (2) Monthly            (3) Weekly            (4) Daily or almost daily</p> <p style="text-align: right;"><input type="checkbox"/></p>
<p>4. How often during the last year have you found that you were not able to stop drinking once you had started?</p> <p>(0) Never            (1) Less than monthly            (2) Monthly            (3) Weekly            (4) Daily or almost daily</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>9. Have you or someone else been injured as a result of your drinking?</p> <p>(0) No            (2) Yes, but not in the last year            (4) Yes, during the last year</p> <p style="text-align: right;"><input type="checkbox"/></p>
<p>5. How often during the last year have you failed to do what was normally expected from you because of drinking?</p> <p>(0) Never            (1) Less than monthly            (2) Monthly            (3) Weekly            (4) Daily or almost daily</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?</p> <p>(0) No            (2) Yes, but not in the last year            (4) Yes, during the last year</p> <p style="text-align: right;"><input type="checkbox"/></p>
<p style="text-align: right;">Record total of specific items here <input type="checkbox"/></p> <p><i>If total is greater than recommended cut-off, consult User's Manual.</i></p>	



# NIAAA Quantity & Frequency Screening Tool

## Questions

1. On average, how many days per week do you drink alcohol?
2. On a typical day when you drink, how many drinks do you have?
3. What's the maximum number of drinks you had on a given occasion in the last month?

## Positive Screen

Person is at risk if he/she drinks at levels higher than outlined below:

	Per Week	Per Occasion
<b>MEN</b>	> 14 drinks	> 4 drinks
<b>WOMEN</b>	> 7 drinks	> 3 drinks
<b>AGE &gt;65</b>	> 7 drinks	> 3 drinks

Optional: To identify those who do not drink regularly (fall below NIAAA guideline), but binge drink sometimes, you could ask this question to identify if the person is an at-risk drinker:

**In the last year, did you drink more than 5 drinks on one occasion (men), 4 drinks on one occasion (women and ages 65+)?**

A positive response would indicate the person could benefit from a brief alcohol intervention.

Sources:  
National Institute on Alcohol Abuse & Alcoholism;  
ENA SBIRT Program