

ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)

Developed by the World Health Organization, the Alcohol Use Disorders Identification Test (AUDIT) is a simple way to identify if you are at risk for developing alcohol problems.

INSTRUCTIONS: Please check the box next to the number that reflects the best answer.

<p>1. How often do you have a drink containing alcohol?</p> <p><input type="checkbox"/> (0) Never – Skip to Questions 9-10</p> <p><input type="checkbox"/> (1) Monthly or less</p> <p><input type="checkbox"/> (2) 2-4 times a month</p> <p><input type="checkbox"/> (3) 2-3 times a week</p> <p><input type="checkbox"/> (4) 4 or more times a week</p>	<p>6. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</p> <p><input type="checkbox"/> (0) Never</p> <p><input type="checkbox"/> (1) Less than monthly</p> <p><input type="checkbox"/> (2) Monthly</p> <p><input type="checkbox"/> (3) Weekly</p> <p><input type="checkbox"/> (4) Daily or almost daily</p>
<p>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</p> <p><input type="checkbox"/> (0) 1 or 2</p> <p><input type="checkbox"/> (1) 3 or 4</p> <p><input type="checkbox"/> (2) 5 or 6</p> <p><input type="checkbox"/> (3) 7, 8, or 9</p> <p><input type="checkbox"/> (4) 10 or more</p>	<p>7. How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking?</p> <p><input type="checkbox"/> (0) Never</p> <p><input type="checkbox"/> (1) Less than monthly</p> <p><input type="checkbox"/> (2) Monthly</p> <p><input type="checkbox"/> (3) Weekly</p> <p><input type="checkbox"/> (4) Daily or almost daily</p>
<p>3. How often do you have six or more drinks on one occasion?</p> <p><input type="checkbox"/> (0) Never</p> <p><input type="checkbox"/> (1) Less than monthly</p> <p><input type="checkbox"/> (2) Monthly</p> <p><input type="checkbox"/> (3) Weekly</p> <p><input type="checkbox"/> (4) Daily or almost daily</p>	<p>8. How often during the last year have you had a feeling of guilt or remorse after drinking?</p> <p><input type="checkbox"/> (0) Never</p> <p><input type="checkbox"/> (1) Less than monthly</p> <p><input type="checkbox"/> (2) Monthly</p> <p><input type="checkbox"/> (3) Weekly</p> <p><input type="checkbox"/> (4) Daily or almost daily</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><input type="checkbox"/> (0) Never</p> <p><input type="checkbox"/> (1) Less than monthly</p> <p><input type="checkbox"/> (2) Monthly</p> <p><input type="checkbox"/> (3) Weekly</p> <p><input type="checkbox"/> (4) Daily or almost daily</p>	<p>9. Have you or someone else been injured as a result of your drinking?</p> <p><input type="checkbox"/> (0) No</p> <p><input type="checkbox"/> (2) Yes, but not in the last year</p> <p><input type="checkbox"/> (4) Yes, during the last year</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><input type="checkbox"/> (0) Never</p> <p><input type="checkbox"/> (1) Less than monthly</p> <p><input type="checkbox"/> (2) Monthly</p> <p><input type="checkbox"/> (3) Weekly</p> <p><input type="checkbox"/> (4) Daily or almost daily</p>	<p>10. Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?</p> <p><input type="checkbox"/> (0) No</p> <p><input type="checkbox"/> (2) Yes, but not in the last year</p> <p><input type="checkbox"/> (4) Yes, during the last year</p>

RESULTS: Scoring is by adding the numbers checked; 2 + 3 + 1 . . . etc.

If you score more than eight points, you are at risk for an alcohol problem. Please contact the Veterans Outreach Center's Clinical Staff for more information: 585-546-1081.