

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 drinks” by using local examples of beer, wine, vodka, etc. Code answers in terms of “standard drinks” (NB: 1 standard drink in the UK = 8grams ethanol). Place the correct answer number in the box at the right.

Patient Name: _____ **Date of Birth:** _____ **Date Completed:** _____

For attention of [Clinician]: _____ **Team:** _____

Question	0	1	2	3	4	Score
1. How often do you have a drink that contains alcohol?	Never	Monthly or less	2 – 4 times per month	2 – 3 times per week	4+ times per week	
2. How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7, 8 or 9	10 or more	
3. MEN: How often do you have 8 or more standard drinks on one occasion? WOMEN: How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often in the 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	
5. How often in the last year have you failed to do what was expected of you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often in the last year have you not been able to remember what happened when drinking the night before?	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, friend, doctor or health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	
Total AUDIT Score (maximum 40)						

Source: Babor, T., J. C. Higgins-Biddle, et al. (2001). Brief intervention for hazardous and harmful drinking: a manual for use in primary care. [Geneva, Switzerland], World Health Organization, Dept. of Mental Health and Substance Dependence.

Alcohol Use Disorders Identification Test: Self-Report Version

Patient Name: _____ Date of Birth: _____ Date Completed: _____

For attention of [Clinician]: _____ Team: _____

Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol *during the past year*. Your answers will remain confidential so please be honest. Place a ✓ in one box that best describes your answer to each question.

Question	Place a tick (✓) in one box (□) for each question				
	Never	Monthly or less	2 – 4 times a month	2 – 3 times a week	4 or more times per week
1. How often do you have a drink that contains alcohol?	□	□	□	□	□
2. How many standard alcoholic drinks 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. MEN: How often do you have 8 or more standard drinks on one occasion? WOMEN: How often do you have 6 or more standard drinks on one occasion?	Never □	Less than monthly □	Monthly □	Weekly □	Daily or almost daily □
4. How often in the 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 □
5. How often in the last year have you failed to do what was expected of you because of your drinking?	Never □	Less than monthly □	Monthly □	Weekly □	Daily or almost daily □
6. How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never □	Less than monthly □	Monthly □	Weekly □	Daily or almost daily □
7. How often in the last year have you had a feeling of guilt or regret after drinking?	Never □	Less than monthly □	Monthly □	Weekly □	Daily or almost daily □
8. How often in the last year have you not been able to remember what happened when drinking the night before?	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, friend, doctor or health worker been concerned about your drinking or advised you to cut down?	No □		Yes, but not in the last year □		Yes, during the last year □
Please return the completed test to your clinician who will score this test and discuss with you the meaning of the result.					Total:

Source: Babor, T., J. C. Higgins-Biddle, et al. (2001). Brief intervention for hazardous and harmful drinking: a manual for use in primary care. [Geneva, Switzerland], World Health Organization, Dept. of Mental Health and Substance Dependence.

Help with understanding what a standard drink/unit of alcohol is. 1 standard drink = 1 unit of alcohol, an indication of standard drinks is provided in the diagram below

One Standard Drink is



Half pint of regular beer, lager or cider



1 small glass of wine



1 single measure of spirits



1 small glass of sherry



1 single measure of aperitifs

The following quantities of alcohol contain more than 1 standard drink



Pint of Regular Beer/Lager/Cider



Pint of Premium Beer/Lager/Cider



Alcopop or can/bottle of Regular Lager



Can of Premium Lager or Strong Beer



Can of Super Strength Lager



Glass of Wine (175ml)



Bottle of Wine