

SUBSTANCE USE

AUDIT: QUESTIONS

Alcohol Use Disorders Identification Test (AUDIT)					
During the past year	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never (Skip to Qs 9 & 10)	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 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? (Skip to Qs 9 & 10 if Total Score for Qs 2 & 3 = 0)	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had 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
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

SUBSTANCE USE

AUDIT: QUESTIONS (CONTINUED)

Alcohol Use Disorders Identification Test (AUDIT)					
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 another 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

AUDIT: SCORING AND ACTION STEPS

Alcohol Use Disorders Identification Test (AUDIT)	
Standard Drink: 1 drink=12 oz. beer or cooler, 8 to 9 oz. malt liquor, 5 oz. table wine, 1.5 oz. 80-proof hard liquor.	
Scoring	Action Steps
Score of 1-7 = Minimal to moderate use. Low probability of abuse or dependence.	Action: Reinforce abstinence. Watchful waiting; repeat AUDIT at follow-up visit.
Score of 8-15 = Moderate to severe use. Moderate probability of abuse or dependence. Score of 16-19 = Moderate to severe use. Moderate to high probability of abuse or dependence. Score of 20-40 = Severe use. High probability of abuse or dependence.	Review current list of medications to ensure medications prescribed are not at risk for abuse. Provide brief counseling (5-15 minutes) to help the patient develop a plan to reduce drinking, identify high-risk situations, and learn coping strategies. Consider referral to behavioral health care professional within 60 days of positive screen.

SUBSTANCE ABUSE

AUDIT-C: QUESTIONS

Alcohol Use Disorders Identification Test - Consumption (AUDIT-C)					
	A	B	C	D	E
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
2. How many standard drinks containing alcohol do you have on a typical day?	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

SUBSTANCE ABUSE

AUDIT-C: SCORING AND ACTION STEPS

Alcohol Use Disorders Identification Test - Consumption (AUDIT-C)	
Standard Drink: 1 drink=12 oz. beer or cooler, 8 to 9 oz. malt liquor, 5 oz. table wine, 1.5 oz. 80-proof hard liquor.	
A=0 points B=1 point C=2 points D=3 points E=4 points	
Scoring	Action Steps
Score of 0-3 in Men = Minimal to moderate use. Low probability of abuse or dependence. Score of 0-2 in Women = Minimal to moderate use. Low probability of abuse or dependence.	Action: Reinforce abstinence. Watchful waiting; repeat AUDIT-C at follow-up visit.
Score of 4-12 in Men = Moderate to severe use. High probability of abuse or dependence. Score of 3-12 in Women = Moderate to severe use. High probability of abuse or dependence.	Action: Review current list of medications to ensure medications prescribed are not at risk for abuse. Provide brief counseling (5-15 minutes) to help the patient develop a plan to reduce drinking, identify high-risk situations, and learn coping strategies. Consider referral to behavioral health care professional within 60 days of positive screen.