AUDIT (Alcohol Use Disorders Identification Test) TEST

1 – How often do you consume alcoholic drinks?

- Never
- Less than once a month
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

2 – On average, how many drinks containing alcohol do you consume in a day when drinking?

- 1-2
- 3-4
- 5-6
- 7-8
- 10 or more

3 – How often do you consume six or more alcohol drinks on one occasion?

- Never
- Less than once a month
- Once a month
- Once a week
- Daily or almost daily

4 - During the past year, how often have you found that you were not able to stop drinking once you started?

- Never
- Less than once a month
- Once a month
- Once a week
- Daily or almost daily

5 - During the past year, how often have you failed doing what was typically expected from you because of drinking?

- Never
- Less than once a month
- Once a month
- Once a week
- Daily or almost daily

6 - During the past year, how often have you needed to drink in the morning to recover after a heavy drinking session?

- Never
- Less than once a month

- Once a month
- Once a week
- Daily or almost daily

7 – During the past year, how often have you had a sense of guilt/remorse because of drinking?

- Never
- Less than once a month
- Once a month
- Once a week
- Daily or almost daily

8 - During the past year, how often have you been unable to remember what happened the night before because you had been drinking?

- Never
- Less than once a month
- Once a month
- Once a week
- Daily or almost daily

9 - Have you or someone else been injured because of your drinking?

- No
- Yes, but not in the past year
- Yes, during the past year

10 – Has a relative, a friend, a doctor or a health worker been concerned about your drinking or suggested you stop?

- No
- Yes, but not in the past year
- Yes, during the past year

Date and Signature of the worker

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