

AUDIT-C and AUDIT Screening Questions

Interview Version: Read questions as written. Record answers carefully. Begin the AUDIT by saying “I am going to ask you some questions about your use of alcoholic beverages during this past year.” Code answers in terms of “standard drinks.” Place the correct answer number in the box at the right.

Questions	0	1	2	3	4	Score
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4 or more times per week	
2. How many drinks containing alcohol do you have on a typical day of drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 +	
3. How often do you have 5 (for men) / 4 (for women) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<i>AUDIT-C Score (add items 1-3):</i>						
<i>Adolescents Positive Screen= 1</i>						
<i>Young adults/Adults age 18+ Positive Screen= 4 for men/3 for women</i>						
<i>If positive, ask the next 7 questions to administer the full AUDIT.</i>						
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 of 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 of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
<i>AUDIT Score (add items 1-10)</i>						