

Audit (Alcohol Use Disorders Identification Test)

1. *How often do you have a drink, containing alcohol?*
(0) Never (1) Monthly or less (2) 2-4 times a month
(3) 2-3 times a week (4) 4 or more times a week
2. *How many units of alcohol do you drink on a typical day, when you are drinking?*
(0) 1 or 2 (1) 3 or 4 (2) 5 or 6
(3) 7, 8 or 9 (4) 10 or more
3. *How often do you have 6 or more units of alcohol on one occasion?*
(0) Never (1) Less than monthly (2) Monthly
(3) Weekly (4) 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?*
(0) Never (1) Less than monthly (2) Monthly
(3) Weekly (4) 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?*
(0) Never (1) Less than monthly (2) Monthly
(3) Weekly (4) 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?*
(0) Never (1) Less than monthly (2) Monthly
(3) Weekly (4) Daily or almost daily
7. *How often during the last year have you had a feeling of guilt or remorse after drinking?*
(0) Never (1) Less than monthly (2) Monthly
(3) Weekly (4) 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?*
(0) Never (1) Less than monthly (2) Monthly
(3) Weekly (4) Daily or almost daily
9. *Have you or someone else been injured as a result of your drinking?*
(0) No (2) Yes, but not in the last year
(4) Yes, during the last year
10. *Has a relative or friend or Doctor or another Health worker been concerned about your drinking or suggested you cut down?*
(0) No (2) Yes, but not in the last year
(4) Yes, during the last year

RECORD TOTAL OF SPECIFIC ITEMS HERE

If total over 8, alcohol use disorder very likely