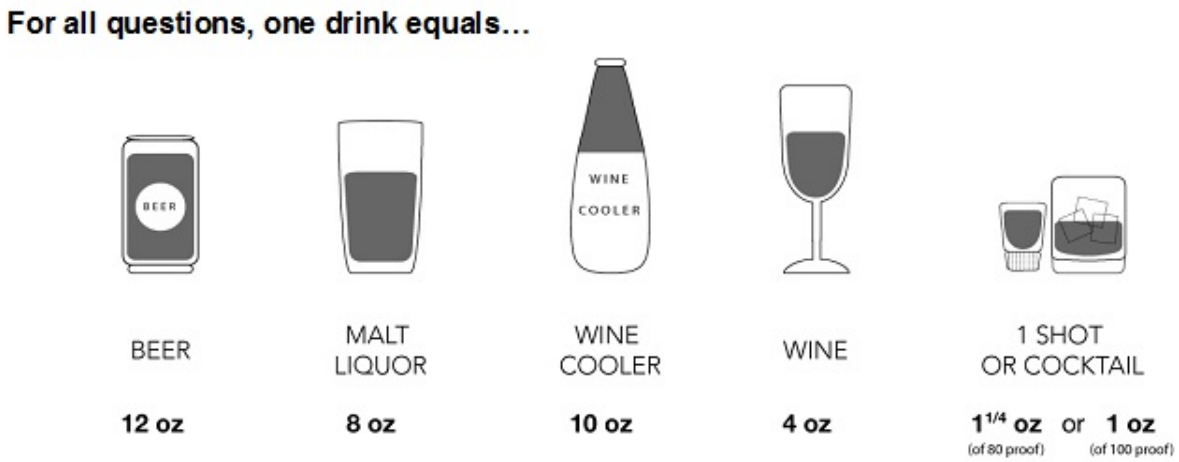
AUDIT

Babor et al. (1989) AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for use in primary health care (WHO/MNH/DAT 89.4). Geneva, Switzerland: World Health Organization.

PhenX Toolkit Link: https://www.phenxtoolkit.org/protocols/view/510201



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

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, 8, or 9
◯ 10 or more

How often do you have six or more drinks on one occasion?

◯ Never
◯ Less than monthly
◯ Monthly
◯ Weekly
◯ Daily or almost daily

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

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

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

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

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

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

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

Total score _____