

Instructions:

Read questions as written. Begin by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the answer number (shown in parentheses) in the box at the right.

- | | |
|---|---|
| <p>1. How often do you have a drink containing alcohol?
 (0) Never [<i>Skip to Qs 9-10</i>]
 (1) Monthly or less
 (2) 2 to 4 times a month
 (3) 2 to 3 times a week
 (4) 4 or more times a week</p> | <p>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</p> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <p>2. How many drinks containing alcohol do you have 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</p> | <p>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</p> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <p>3. How often do you have six or more drinks on one occasion?
 (0) Never
 (1) Less than monthly
 (2) Monthly
 (3) Weekly
 (4) Daily or almost daily</p> | <p>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</p> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <p><i>Skip to Questions 9 & 10 if Total Score for Questions 2 and 3 = 0</i></p> | |
| <p>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</p> | <p>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</p> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <p>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</p> | <p>10. Has a relative or friend or a 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</p> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Total:

Scoring and Interpretation of Scores:

Total scores of 8 or more are recommended as indicators of hazardous and harmful alcohol use, as well as possible alcohol dependence. (A cut-off score of 10 will provide greater specificity but at the expense of sensitivity.) Since the effects of alcohol vary with average body weight and differences in metabolism, establishing the cut off point for all women and men over age 65 one point lower at a score of 7 will increase sensitivity for these population groups. Selection of the cut-off point should be influenced by national and cultural standards and by clinician judgment, which also determine recommended maximum consumption allowances.

Scores between 8 and 15 are most appropriate for simple advice focused on the reduction of hazardous drinking.

Scores between 16 and 19 suggest brief counseling and continued monitoring.

Scores of 20 or above clearly warrant further diagnostic evaluation for alcohol dependence.

In the absence of better research these guidelines should be considered tentative, subject to clinical judgment that takes into account the patient's medical condition, family history of alcohol problems and perceived honesty in responding to the AUDIT questions.

While use of the 10-question AUDIT questionnaire will be sufficient for the vast majority of patients, special circumstances may require a clinical screening procedure. For example, a patient may be resistant, uncooperative, or unable to respond to the AUDIT questions. If further confirmation of possible dependence is warranted, a physical examination procedure and laboratory tests may be used.

AUDIT score Intervention

Risk Level	AUDIT Score⁽¹⁾	Suggested Intervention
Zone I	0-7	Alcohol education
Zone II	8-15	Simple advice
Zone III Simple	16-19	Advice plus brief counseling and continued monitoring
Zone IV	20-40	Referral to specialist for diagnostic evaluation & treatment

⁽¹⁾ The AUDIT cut-off score may vary slightly depending on the country's drinking patterns, the alcohol content of standard drinks, and the nature of the screening program. Clinical judgment should be exercised in cases where the patient's score is not consistent with other evidence, or if the patient has a prior history of alcohol dependence. It may also be instructive to review the patient's responses to individual questions dealing with dependence symptoms (Questions 4, 5 and 6) and alcohol-related problems (Questions 9 and 10). Provide the next highest level of intervention to patients who score 2 or more on Questions 4, 5 and 6, or 4 on Questions 9 or 10.

Source: The Alcohol Use Disorders Identification Test. Guidelines for Use in Primary Care, Second Edition, World Health Organization 2001