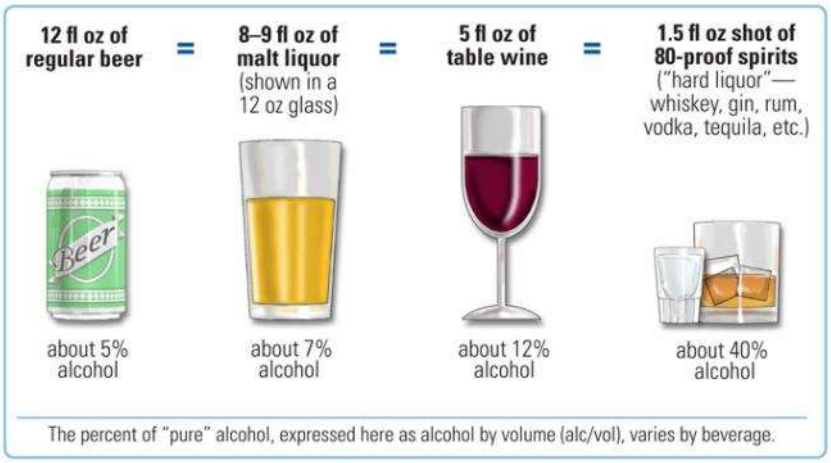
# Alcohol Use Screening (AUDIT)

**PATIENT:** Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some more questions about your use of alcohol. Your answers will remain confidential so please be honest.

Place an X in one box that best describes your answer to each question.




| QUESTIONS | 0 | 1 | 2 | 3 | 4 | |
|---|---|---|---|---|---|---|
| 1. How often do you have a drink containing alcohol? | Never | Monthly or less | 2-4 times a month | 2-3 times a week | 4 or more times a week | |
| 2. How many drinks containing alcohol do you have on a typical day you are drinking? | 1 or 2 | 3 or 4 | 5 or 6 | 7 to 9 | 10 or more | |
| 3. **Women:** How often do you have four or more drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| **Men:** How often do you have five or more drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | 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? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| 5. How often during the past year have you failed to do what was expected of you because of drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| 6. How often during the past year have you needed a drink first thing 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 past 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 past 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 past year | | Yes, during the past year | |
| 10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking and suggested you cut down? | No | | Yes, but not in the past year | | Yes, during the past year | |

| PROVIDER USE ONLY | | | | **Total** |
|---|---|---|---|---|
| **I** | **II** | **III** | **IV** | |
| **0** | **8** | **16** | **20** | |