## AUDIT

1. **How often do you have a drink containing alcohol?**
   - Never [ ]
   - Monthly or [ ]
   - 2 to 4 times [ ]
   - 2 to 3 times [ ]
   - 4 or more [ ]

   (0) [ ] (1) [ ] (2) [ ] (3) [ ] (4) [ ]

2. **How many standard drinks containing alcohol do you have on a typical day when you are drinking?**
   - 1 or 2 [ ]
   - 3 or 4 [ ]
   - 5 or 6 [ ]
   - 7 to 9 [ ]
   - 10 or more [ ]

   (0) [ ] (1) [ ] (2) [ ] (3) [ ] (4) [ ]

3. **How often do you have 6 or more standard drinks on one occasion?**
   - Never [ ]
   - Less than monthly [ ]
   - Monthly [ ]
   - Weekly [ ]
   - Daily or almost daily [ ]

   (0) [ ] (1) [ ] (2) [ ] (3) [ ] (4) [ ]

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 [ ]

   (0) [ ] (1) [ ] (2) [ ] (3) [ ] (4) [ ]

5. **How often during the last year have you failed to do what was normally expected from you because of your drinking?**
   - Never [ ]
   - Less than monthly [ ]
   - Monthly [ ]
   - Weekly [ ]
   - Daily or almost daily [ ]

   (0) [ ] (1) [ ] (2) [ ] (3) [ ] (4) [ ]

6. **How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?**
   - Never [ ]
   - Less than monthly [ ]
   - Monthly [ ]
   - Weekly [ ]
   - Daily or almost daily [ ]

   (0) [ ] (1) [ ] (2) [ ] (3) [ ] (4) [ ]

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 [ ]

   (0) [ ] (1) [ ] (2) [ ] (3) [ ] (4) [ ]

8. **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 [ ]

   (0) [ ] (1) [ ] (2) [ ] (3) [ ] (4) [ ]

9. **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 [ ]

   (0) [ ] (2) [ ] (4) [ ]

10. **Has a relative or friend, doctor or other 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 [ ]

    (0) [ ] (2) [ ] (4) [ ]

### Scoring

The scores for each question are shown under each response. The minimum score (for non-drinkers) is 0 and the maximum possible score is 40. A score of 8 or more indicates a strong likelihood of hazardous or harmful alcohol consumption.