

Alcohol Use Disorders Identification Test (AUDIT-C)

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1. Please enter the client's information.

Client First Name:





Client Last Name:

Client DOB:

2. Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Please select the option 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 when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six 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 last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	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?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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
8. How often during the last 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 last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

3.

STANDARD DRINK EQUIVALENTS	APPROXIMATE NUMBER OF STANDARD DRINKS IN:	
BEER or COOLER		
12 oz.  ~5% alcohol	12 oz. = 1 16 oz. = 1.3 22 oz. = 2 40 oz. = 3.3	
MALT LIQUOR		
8-9 oz.  ~7% alcohol	12 oz. = 1.5 16 oz. = 2 22 oz. = 2.5 40 oz. = 4.5	
TABLE WINE		
5 oz.  ~12% alcohol	a 750 mL (25 oz.) bottle = 5	
80-proof SPIRITS (hard liquor)		
1.5 oz.  ~40% alcohol	a mixed drink = 1 or more* a pint (16 oz.) = 11 a fifth (25 oz.) = 17 1.75 L (59 oz.) = 39	
	*Note: Depending on factors such as the type of spirits and the recipe, one mixed drink can contain from one to three or more standard drinks.	

http://pubs.niaaa.nih.gov/publications/Practitioner/pocketguide/pocket_guide2.htm

Scoring and Reference (Office Use Only)

Scoring:

The AUDIT has **10** questions and the possible responses to each question are scored **0, 1, 2, 3 or 4**, with the exception of questions **9** and **10** which have possible responses of **0, 2** and **4**.

The range of possible scores is from 0 to 40 where 0 indicates an abstainer who has never had any problems from alcohol. A score of **1 to 7** suggests low-risk consumption according to World Health Organization (WHO) guidelines. Scores from **8 to 14** suggest hazardous or harmful alcohol consumption and a score of **15 or more** indicates the likelihood of alcohol dependence (moderate-severe alcohol use disorder).

Results from the original WHO study showed that the term “drink” in questions 2 and 3 encompassed amounts of alcohol ranging from 8 grams to 13 grams. Where a standard drink is defined as an amount outside this range (e.g. 20 grams) it is recommended that the response categories are modified accordingly.