

AUDIT – Interview Version

The Alcohol Use Disorders Identification Test: Interview Version

Begin the AUDIT by saying “Now I am going to ask you some questions about your use of alcoholic beverages during this past year.” Explain what “alcoholic beverages” means by using local examples of beer, wine, vodka, etc. *Read questions as written.* Record answers carefully. Code answers in terms of “standard drinks”. *Place the correct answer number for each question in the box in the lower right.*

<p>1. How often do you have a drink containing alcohol? (0) Never [Skip to Qs 9-10] (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 <input style="float: right;" type="text"/></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 <input style="float: right;" type="text"/></p>
<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 <input style="float: right;" type="text"/></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 <input style="float: right;" type="text"/></p>
<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 <i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i> <input style="float: right;" type="text"/></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 <input style="float: right;" type="text"/></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 <input style="float: right;" type="text"/></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 <input style="float: right;" type="text"/></p>
<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 <input style="float: right;" type="text"/></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 <input style="float: right;" type="text"/></p>

Record *total* sum of scores of the 10 questions here

Interpretive guidelines for both the Interview and Self-Report versions of the Audit can be found on the reverse side of this page.

AUDIT – Interpretation

Risk Level	Suggested Intervention	AUDIT score*
Zone I <i>(Normal Use)</i>	Alcohol Education	0-7
Zone II <i>(Exceeding 'Safe-Use' Guidelines)</i>	Simple Advice and Education; Consider Brief Interventions	8-12 (men) 7-12 (women)
Zone III <i>(Hazardous Use - Help strongly encouraged)</i>	Simple Advice plus Brief Interventions and Continued Monitoring	13-16
Zone IV <i>(Hazardous Use - Help required)</i>	Referral to Substance Abuse Specialist for Diagnostic Evaluation and Treatment	17-40
<p>*The AUDIT cut-off scores may vary slightly depending on a 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 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.</p>		