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Information from your Patient Aligned Care Team

## The Alcohol Use Disorders Identification Test (AUDIT)

Think about your drinking over the past year. Please circle the response that represents the best answer for you. If you have not had any alcohol in the past year, please skip the next 2 pages.

| 1 standard drink is equal to: |  |  |
| :---: | :---: | :---: |
| Beer or wine coolers: <br> 12 oz. | Wine: <br> 5 oz. | Distilled Spirits: |

1. How often do you have a drink containing alcohol?

$$
\begin{aligned}
& \text { Never } \bigcirc \text { Monthly } \bigcirc 2-4 \text { times a } \bigcirc 2-3 \text { times a } \bigcirc 4 \text { or more } \bigcirc \\
& \text { month week times a week }
\end{aligned}
$$

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
1 or $2 \bigcirc$
3 or 45 or 6

7 to 910 or more

3. How often do you have six or more drinks on one occasion?

 monthly
 Monthly
 Weekly
 Daily or almost daily

4. How often during the last year have you failed to do what was normally expected of you because of drinking?


Less than monthly

monthly
 weekly


Daily or almost daily
5. How often during the last year have you found that you were not able to stop drinking once you had started?

## never $\bigcirc$ Less than $\bigcirc$ monthly $\bigcirc$ weekly $\bigcirc$ Daily or monthly 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?

$$
\text { never } \bigcirc \underset{\substack{\text { Less than } \\
\text { monthly }}}{\substack{\text { monthly }}} \bigcirc \begin{gathered}
\text { Daily or } \\
\text { almost daily }
\end{gathered} \bigcirc
$$

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

$$
\text { never } \bigcirc \underset{\substack{\text { Less than } \bigcirc \\
\text { monthly }}}{\text { monthly } \bigcirc \text { weekly } \bigcirc \begin{array}{c}
\text { Daily or } \\
\text { almost daily }
\end{array}}
$$

9. Have you or someone else been injured as a result of your drinking?

No Yes, but not in the last $\bigcirc$ Yes, during the last $\bigcirc$ year year
10. Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested that you cut down?

No Yes, but not in the last $\bigcirc$ Yes, during the last $\bigcirc$ year year

## Reference:

World Health Organization. (2001). The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care (2 $2^{\text {nd }} E d$ ). Author.

