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## Alcohol Use Disorders Identification Test (AUDIT) Self-assessment Questionnaire

This form is not a diagnostic instrument and is only to be used within the context of your medical treatment and by you if you are more than 18 years old. Share your checklist responses and assessment with your physician or other health care provider. If you are having thoughts of self-harming or are feeling suicidal contact a friend, family or your GP immediately. If you have already taken an overdose or injured yourself badly, **dial 000**.

The **AUDIT is a 10-item screening tool**, developed by a WHO collaborative study to help identify patients at risk from harmful and hazardous drinking. An Australian Standard Drink contains 10 grams of alcohol. This is equivalent to:

- 1 Pot of normal beer (285ml) or
- 1 Schooner of light beer (425ml) or
- 1 Glass of table wine (100ml) or
- 1 Glass of fortified wine (60ml) or
- 1 Single nip/shot of spirit (30ml)

**Please circle the correct response below:**

1. How often do you have an alcoholic drink?	Never	Monthly or less	Once a week or less	2-4 times a week	5 or more times a week
2. How many standard drinks do you have on a typical day when you are drinking?	1	2	3 or 4	5 or 6	7 or more
3. How often do you have 6 or more standard 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 has your drinking lead you to fail at what was normally expected from you?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. During the past year, how often have you needed a 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 past year have you had feelings of guilt or regret 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 you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you ever injured someone or yourself as a result of your drinking?	No	Yes, but not in the past year		Yes, during the past year	
10. Has a family, friend or your healthcare provider been concerned about your drinking habits, or suggested you cut down?	No	Yes, but not in the past year		Yes, during the past year	
<p><b>Scoring:</b> For questions 1 to 8 scores range from 0 to 4, with the first response for each questions (e.g. never) scoring 0, the second question (e.g. less than monthly) scoring 1, the third question (e.g. monthly) scoring 2, the fourth question (e.g. weekly) scoring 3, and the last response (e.g. almost daily) scoring 4. For questions 9 and 10, which only have three responses, the scoring is 0, 2 and 4 (from left to right).</p> <p>A score of 8 or more is associated with harmful or hazardous drinking, a score of 13 or more in women, and 15 or more in men, is likely to indicate alcohol dependence.</p>					