

Alcohol consumption screening AUDIT questionnaire in adults

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

- Never (0 points)
- Monthly or less (1 point)
- 2 to 4 times a month (2 points)
- 2 to 3 times a week (3 points)
- 4 or more times a week (4 points)

2) How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 or 2 (0 points)
- 3 or 4 (1 point)
- 5 or 6 (2 points)
- 7 to 9 (3 points)
- 10 or more (4 points)

3) How often do you have 5 or more drinks on one occasion?

- Never (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 points)

4) How often during the last year have you found that you were not able to stop drinking once you had started?

- Never (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 point)

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

- Never (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 points)

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 (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 points)

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

- Never (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 points)

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

- Never (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 points)

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

- No (0 points)
- Yes, but not in the last year (2 points)
- Yes, during the last year (4 points)

10) Has a relative, a friend, a doctor, or another health worker been concerned about your drinking or suggested you cut down?

- No (0 points)
- Yes, but not in the last year (2 points)
- Yes, during the last year (4 points)

Total Criteria Point Count _____

Alcohol screen score

| | |
|------------------|------------------|
| 0 to 7 points: | Low risk |
| 8 to 15 points: | Medium risk |
| 16 to 19 points: | High risk |
| 20 to 40 points: | Addiction likely |

Disclaimer:

This self-assessment and those like it on The Posting Board serve exclusively educational purposes. They are not intended as a mechanism for independent diagnosis of health conditions. It is imperative to understand that a thorough evaluation and a legitimate diagnosis of substance misuse can only be carried out by a licensed healthcare professional.

Instead, these questionnaires are meant to be a supportive tool, enabling you to thoroughly examine your actions and better understand your substance usage patterns or those of a loved one. They're here to encourage mindfulness, stimulate introspection, and foster awareness about personal behaviors linked to substance use.

As you engage with these evaluations, remember that honesty is the best policy. It will aid in achieving the most accurate understanding of the situation, ensuring the questionnaires serve their purpose effectively.