

AUDIT-10 and AUDIT-C Brief Alcohol Screening Measures

The AUDIT was developed by the World Health Organization to evaluate a person's use of alcohol. An AUDIT score is suggestive of whether a person's drinking should be considered a problem.

SCORING:

AUDIT-C: Each AUDIT-C question is scored 0 to 4 points, resulting in a total score ranging from 0 to 12 points. Sum of scores for the 3 questions results in possible AUDIT-C scores ranging from 0 to 12. **A score of ≥ 4 for men and ≥ 3 for women is suggestive of an alcohol problem**

AUDIT-10: Each AUDIT-C question is scored 0 to 4 points, resulting in a total score ranging from 0 to 40 points. Higher scores typically reflect more serious problems. **A score of ≥ 8 is suggestive of an alcohol problem,**

AUDIT-C

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

Never (0 points)

Monthly or less (1 points)

Two to four times a month (2 points)

Two to three times a week (3 points)

Four 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 points) 5 or 6 (2 points)

7 to 9 (3 points)

10 or more (4 points)

3. How often do you have six 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)

Total Score: _____

AUDIT-10

The Alcohol Use Disorders Identification Test: Interview Version

Read questions as written. Record answers carefully. 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 is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

<p>1. How often do you have a drink containing alcohol?</p> <p>(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</p> <div style="text-align: right;"><input style="width: 40px; height: 20px;" type="text"/></div>	<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?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <div style="text-align: right;"><input style="width: 40px; height: 20px;" type="text"/></div>
<p>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</p> <p>(0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8, or 9 (4) 10 or more</p> <div style="text-align: right;"><input style="width: 40px; height: 20px;" type="text"/></div>	<p>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <div style="text-align: right;"><input style="width: 40px; height: 20px;" type="text"/></div>
<p>3. How often do you have six or more drinks on one occasion?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <p><i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i></p> <div style="text-align: right;"><input style="width: 40px; height: 20px;" type="text"/></div>	<p>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <div style="text-align: right;"><input style="width: 40px; height: 20px;" type="text"/></div>
<p>4. How often during the last year have you found that you were not able to stop drinking once you had started?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <div style="text-align: right;"><input style="width: 40px; height: 20px;" type="text"/></div>	<p>9. Have you or someone else been injured as a result of your drinking?</p> <p>(0) No (2) Yes, but not in the last year (4) Yes, during the last year</p> <div style="text-align: right;"><input style="width: 40px; height: 20px;" type="text"/></div>
<p>5. How often during the last year have you failed to do what was normally expected from you because of drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <div style="text-align: right;"><input style="width: 40px; height: 20px;" type="text"/></div>	<p>10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?</p> <p>(0) No (2) Yes, but not in the last year (4) Yes, during the last year</p> <div style="text-align: right;"><input style="width: 40px; height: 20px;" type="text"/></div>
<p>Record total of specific items here <input style="width: 40px; height: 20px;" type="text"/></p>	

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