**Alcohol screening questionnaire (AUDIT)**

Patient name: Date of birth:

Our clinic asks all patients about alcohol use at least once a year. Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

# One drink equals:

12 oz. beer

5 oz. wine

1.5 oz. liquor (one shot)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. How often do you have a drink containing alcohol? | Never | Monthly or less | 2 - 4times amonth | 2 - 3times aweek | 4 or more times aweek |
| 2. How many drinks containing alcohol do you have on a typical day when you are drinking? | 0 - 2 | 3 or 4 | 5 or 6 | 7 - 9 | 10 or more |
| 3. How often do you have four or more 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 last year have you failed to do what was normally expected of you because of drinking? | Never | Less than monthly | Monthly | Weekly | Daily or 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? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 7. How often during the last year have you had a feeling of guilt or remorse after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 8. How often during the last year have you been unable to remember what happened the night before because of your drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 9. Have you or someone else been injured because of your drinking? | No |  | Yes, but not in the last year |  | Yes, in the last year |
| 10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? | No |  | Yes, but not in the last year |  | Yes, in the last year |

0 1 2 3 4

Have you ever been in treatment for an alcohol problem?  Never  Currently  In the past

# I II III IV

M: 0-4 5-14 15-19 20+

W: 0-3 4-12 13-19 20+

*(For the health professional)*

**Scoring and interpreting the AUDIT:**

Each answer receives a point ranging from 0 to 4. Points are added for a total score that correlates with a zone of use that can be circled on the bottom left corner of the page.

|  |  |  |
| --- | --- | --- |
| **Score\*** | **Suggested zone** | **Indicated action** |
| * 1. : Women
	2. : Men
 | **I – Low risk**(low risk of health problems related to alcohol use) | Brief education |
| 4-12: Women5-14: Men | **II - Risky**(increased risk of health problems related to alcohol use) | Brief intervention |
| 13-19: Women15-19: Men | **III - Harmful**(increased risk of health problems related to alcohol use and a possible mild or moderate alcohol use disorder) | Brief intervention or referral to specialized treatment |
| 20+: Men20+: Women | **IV - Severe**(increased risk of health problems related to alcohol use and a possible moderate or severe alcohol use disorder) | Referral to specialized treatment |

**Brief education:** An opportunity to educate patients about low-risk consumption levels and the risks of excessive alcohol use.

**Brief intervention:** Patient-centered discussion that employs Motivational Interviewing concepts to raise an individual’s awareness of his/her substance use and enhancing his/her motivation towards behavioral change. Brief interventions are typically performed in 3-15 minutes, and should occur in the same session as the initial screening. Repeated sessions are more effective than a one-time intervention.

The recommended behavior change is to cut back to low-risk drinking levels unless there are other medical reasons to abstain (liver damage, pregnancy, medication contraindications, etc.).

Patients with numerous or serious negative consequences from their drinking, or patients with likely dependence who cannot or will not obtain conventional specialized treatment, should receive more numerous and intensive interventions with follow up. The recommended behavior change in this case is to either cut back to low-risk drinking levels or abstain from use.

**Referral to specialized treatment:** A proactive process that facilitates access to specialized care for individuals who have been assessed to have substance use dependence. These patients are referred to alcohol and drug treatment experts for more definitive, in-depth assessment and, if warranted, treatment. The recommended behavior change is to abstain from use and accept the referral. Referrals to treatment are delivered to the patient using the brief intervention model.

More resources: [www.sbirtoregon.org](http://www.sbirtoregon.org/)

**\*** Johnson J, Lee A, Vinson D, Seale P. “Use of AUDIT-Based Measures to Identify Unhealthy Alcohol Use and Alcohol Dependence in Primary Care: A Validation Study.” Alcohol Clin Exp Res, Vol 37, No S1, 2013: pp E253–E259