Summer Care Home – Mental Health Clinic
AUDIT – Alcohol Use Screening

AUDIT: ALCOHOL USE DISORDERS IDENTIFICATION TEST

WHO Screening Tool (Babor et al., 2001)

Instructions: Please circle the answer that is correct for you. Note: in questions 1–8, the response "never" should be coded 0, "monthly or less" = 1, "2–4 times a month" = 2, "2–3 times a week" = 3, and "4 or more times a week" = 4.

Question	Response Options →				
1. How often do you have a drink containing alcohol?	☐ 0-Never	☐ 1-Monthly or less	☐ 2-2-4/mo	☐ 3-2-3/wk	☐ 4-4+/wk
2. How many standard drinks do you have on a typical day?	☐ 0-1or2	☐ 1-3or4	☐ 2-5or6	☐ 3-7to9	☐ 4-10+
3. How often do you have 6 or more drinks on one occasion?	☐ 0-Never	☐ 1-<Monthly	☐ 2-Monthly	☐ 3-Weekly	☐ 4-Daily/Almost
4. How often in the past year have you been unable to stop drinking?	☐ 0-Never	☐ 1-<Monthly	☐ 2-Monthly	☐ 3-Weekly	☐ 4-Daily/Almost
5. How often failed to do what was normally expected due to drinking?	☐ 0-Never	☐ 1-<Monthly	☐ 2-Monthly	☐ 3-Weekly	☐ 4-Daily/Almost
6. How often needed a first drink in the morning?	☐ 0-Never	☐ 1-<Monthly	☐ 2-Monthly	☐ 3-Weekly	☐ 4-Daily/Almost
7. How often had a feeling of guilt or remorse after drinking?	☐ 0-Never	☐ 1-<Monthly	☐ 2-Monthly	☐ 3-Weekly	☐ 4-Daily/Almost
8. How often unable to remember what happened the night before?	☐ 0-Never	☐ 1-<Monthly	☐ 2-Monthly	☐ 3-Weekly	☐ 4-Daily/Almost
9. Have you or someone else been injured as a result of your drinking?	☐ 0-No	☐ 2-Yes, but not in the last year	☐ 4-Yes, in the last year		
10. Has a relative/friend/doctor been concerned about your drinking?	☐ 0-No	☐ 2-Yes, but not in the last year	☐ 4-Yes, in the last year		

Total Score: _____ / 40	**Risk Level:** ☐ Low (0–7) ☐ Hazardous (8–15) ☐ Harmful (16–19) ☐ Possible Dependence (20+)

Client Name: _____	**Date:** _____	**Clinician:** _____