

Alcohol Use Disorders Identification Test (AUDIT)

Scale items:

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

- 0. Never
- 1. Monthly or less
- 2 to 4 times a month
- 2 to 3 times a week
- 4 or more times a week

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

- 0. 1 or 2
- 1. 3 or 4
- 2. 5 or 6
- 3. 7, 8, 9
- 4. 10 or more

3. How often do you have six or more drinks on one occasion?

- 0. Never
- 1. Less than monthly
- 2. Monthly
- 3. Weekly
- 4. Daily or almost daily

4. How often do you have six or more drinks on one occasion?

- 0. Never
- 1. Less than monthly

2. Monthly
3. Weekly
4. Daily or almost daily

5. How often during the last year have you failed to do what is normally expected from you because of drinking?

0. Never
1. Less than monthly
2. Monthly
3. Weekly
4. 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?

0. Never
1. Less than monthly
2. Monthly
3. Weekly
4. Daily or almost daily

7. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

0. Never
1. Less than monthly
2. Monthly
3. Weekly
4. Daily or almost daily

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

- 0. Never
- 1. Less than monthly
- 2. Monthly
- 3. Weekly
- 4. Daily or almost daily

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

- 0. No
- 1. Yes, but not in the last year
- 2. Yes, during the last year

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

- 0. No
- 1. Yes, but not in the last year
- 2. Yes, during the last year