

# Alcohol Use Survey (AUDIT)

**Instructions:** Please place a check (✓) to indicate your most accurate answer to each question. Please answer ALL of the questions.

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

- Never
- Monthly or less
- Two to four times a month
- Two to three times a week
- Four or more times a week

2. How many drinks containing alcohol do you have on a typical day when you drink?

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

	Never	Less than Monthly	Monthly	Weekly	Daily or Almost Daily
3. How often do you have 6 or more drinks on one occasion?					
4. How often during the last year have you found that you not able to stop drinking once you had started?					
5. How often during the last year have you failed to do what was expected from you because of drinking?					
6. How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session?					
7. How often during the last year have you had a feeling of guilt or remorse after a drink?					
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?					

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

- No
- Yes, but not during the last year
- Yes, during the last year

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

- No
- Yes, but not in the last year
- Yes, during the last year