

# Alcohol use disorders identification test (AUDIT)

WORLD LIVER DAY



AUDIT is a comprehensive 10 question alcohol harm screening tool. It was developed by the World Health Organization (WHO).

## Questions

How often do you have a drink containing alcohol?

How many units of alcohol do you drink on a typical day when you are drinking?

How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?

How often during the last year have you found that you were not able to stop drinking once you had started?

How often during the last year have you failed to do what was normally expected from you because of your drinking?

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

How often during the last year have you had a feeling of guilt or remorse after drinking?

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

Have you or somebody else been injured as a result of your drinking?

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

## Scoring system

0      1      2      3      4

	Never	Monthly or less	2 to 4 times / month	2 to 3 times / week	4 times or more / week	YOUR SCORE
How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times / month	2 to 3 times / week	4 times or more / week	
How many units of alcohol do you drink on a typical day when you are drinking?	0 to 2	3 to 4	5 to 6	7 to 9	10 or more	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No	Yes but not in the last year			Yes during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No	Yes but not in the last year			Yes during the last year	

## TOTAL AUDIT SCORE



## SCORING

0 to 7 indicates low risk  
 8 to 15 indicates increasing risk  
 16 to 19 indicates higher risk,  
 20 or more indicates possible dependence

8 and above: Drinking at this level increases the risk of damaging your health and could lead to serious medical conditions.

If the score is 20 or above, refer to specialist alcohol harm assessment.

