



Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

## Alcohol screening questionnaire (AUDIT)

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)

|                                                                                                                                      | Never | Monthly or less   | 2 - 4 times a month           | 2 - 3 times a week | 4+ times a week       |
|--------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------|-------------------------------|--------------------|-----------------------|
| 1. How often do you have a drink containing alcohol?                                                                                 |       |                   |                               |                    |                       |
| 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 five 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  |
| 0-3 | 4-9 | 10-13 | 14+ |

(For the Provider)

### Scoring and interpreting the AUDIT:

1. Each response has a score ranging from 0 to 4. All response scores are added for a total score.
2. The total score correlates with a risk zone, which can be circled on the bottom left corner.

| Score | Zone          | Explanation                                                                                        | Action                                                                                                    |
|-------|---------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 0-3   | I – Low Risk  | “Someone using alcohol at this level is at low risk for health or social complications.”           | Positive Health Message – describe low risk drinking guidelines                                           |
| 4-9   | II – Risky    | “Someone using alcohol at this level may develop health problems or existing problems may worsen.” | Brief intervention to reduce use                                                                          |
| 10-13 | III – Harmful | “Someone using alcohol at this level has experienced negative effects from alcohol use.”           | Brief Intervention to reduce or abstain and specific follow-up appointment (Brief Treatment if available) |
| 14+   | IV – Severe   | “Someone using alcohol at this level could benefit from more assessment and assistance.”           | Brief Intervention to accept referral to specialty treatment for a full assessment                        |

**Positive Health Message:** An opportunity to educate patients about the NIAAA low-risk drinking levels and the risks of excessive alcohol use.

**Brief Intervention to Reduce Use:** Patient-centered discussion that uses Motivational Interviewing concepts to raise an individual’s awareness of his/her substance use and enhance his/her motivation to change behavior. Brief interventions are typically 5-15 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.).

**Brief Intervention to Reduce or Abstain (Brief Treatment if available) & Follow-up:** Patients with numerous or serious negative consequences from their alcohol use, or patients who likely have an alcohol use disorder who cannot or are not interested in obtaining specialized treatment, should receive more numerous and intensive BIs with follow up. The recommended behavior change is to cut back to low-risk drinking levels or abstain from use. Brief treatment is 1 to 5 sessions, each 15-60 minutes. Refer for brief treatment if available. If brief treatment is not available, secure follow-up in 2-4 weeks.

**Brief Intervention to Accept Referral:** The focus of the brief intervention is to enhance motivation for the patient to accept a referral to specialty treatment. If accepted, the provider should use a proactive process to facilitate access to specialty substance use disorder treatment for diagnostic assessment and, if warranted, treatment. The recommended behavior change is to abstain from use and accept the referral.

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