

## AUDIT Alcohol Use Screening Tool

Place the number, 0-4, that corresponds with your answer in the box on the right.

|   | 0      | 1                    | 2                                | 3                | 4                            | Answer |
|---|--------|----------------------|----------------------------------|------------------|------------------------------|--------|
| <ol> <li>How often do you have a drink<br/>containing alcohol?</li> </ol>   | Never  | Monthly<br>or less   | 2-4 times a month                | 2-3 times a week | 4 or more<br>times a week    |        |
| <ol> <li>How many drinks containing alcohol<br/>do you have on a typical day when<br/>you are drinking?</li> </ol>                            | 1 or 2 | 3 or 4               | 5 or 6                           | 7 to 9           | 10 or more                   |        |
| 3. How often do you have six or more drinks on one occasion?  | Never  | Less than<br>monthly | Monthly                          | Weekly           | Daily or almost<br>daily     |        |
| 4. How often during the last year have<br>you found that you were not able to<br>stop drinking once you had started?                          | Never  | Less than<br>monthly | Monthly                          | Weekly           | Daily or almost<br>daily     |        |
| <ol> <li>How often during the last year have<br/>you failed to do what was normally<br/>expected of you because of<br/>drinking?</li> </ol>   | Never  | Less than<br>monthly | Monthly                          | Weekly           | Daily or almost<br>daily     |        |
| 6. How often during the last year have<br>you needed a first drink in the<br>morning to get yourself going after a<br>heavy drinking session? | Never  | Less than<br>monthly | Monthly                          | Weekly           | Daily or almost<br>daily     |        |
| 7. How often during the last year have<br>you had a feeling of guilt or remorse<br>after drinking?  | Never  | Less than<br>monthly | Monthly                          | Weekly           | Daily or almost<br>daily     |        |
| 8. How often during the last year have<br>you been unable to remember what<br>happened the night before because<br>of your drinking?          | Never  | Less than monthly    | Monthly                          | Weekly           | Daily or almost<br>daily     |        |
| 9. Have you or someone else been<br>injured because of your drinking?   | No     |                      | Yes, but not in the last year    |                  | Yes, during the last year    |        |
| 10. Has a relative, friend, doctor, or<br>other health care worker been<br>concerned about your drinking or<br>suggested you cut down?        | No     |                      | Yes, but not in<br>the last year |                  | Yes, during the<br>last year |        |
|   |        |                      |                                  |                  | Total                        |        |

## Scoring:

Questions 1-8 are worth 0-4 points. Questions 9 and 10 are worth 0, 2, or 4 points. Add the points in the 'Answer' column together and record where it says 'Total'.

## **Score Interpretation**

| 20 + points  | Hazardous usage: Help is required                    |  |  |
|--------------|--|--|--|
| 16-19 points | Hazardous usage: Help is strongly recommended        |  |  |
| 8-15 points  | Exceeding safe-use guidelines: learn how to cut down |  |  |
| 0-7 points   | Fairly normal usage                                  |  |  |

This test is a screening instrument only - it does not yield a diagnosis. Only a local health professional can make a proper diagnosis. NOTE: If you suspect that you have a drinking or drug problem you should seek help for that problem from a local health professional regardless of how you score on this screening test.

Call Compass Mark at (717) 299-2831 for confidential Information & Referral services.