

The Alcohol Use Disorders Identification Test: Self-Report Version

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Place an X in one box that best describes your answer to each question.

| Questions | 0 | 1 | 2 | 3 | 4 | |
|--|--------|-------------------|-------------------------------|------------------|---------------------------|----|
| 1. How often do you have a drink containing alcohol? | Never | Monthly or less | 2-4 times a month | 2-3 times a week | 4 or more times a week | |
| 2. How many drinks containing alcohol do you have on a typical day when you are drinking? | 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 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, during 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, during the last year | |
| | | | | | Total | 14 |



Screening, Brief Intervention, & Referral to Treatment

I-LOW RISK/ABSTAIN
AUDIT:0-7 DAST:0





II - RISKY
AUDIT:8-15 DAST:1-2

III - HARMFUL
AUDIT:16-19 DAST:3-5

IV - DEPENDENT
AUDIT:20+ DAST:6+

| Low-Risk Drinking Limits | Men 64 years & under | Women & Men 65+ |
|--------------------------|----------------------------------|----------------------------------|
| On a Single Day | No more than 4 drinks on any day | No more than 3 drinks on any day |
| Per Week | No more than 14 drinks per week | No more than 7 drinks per week |

What is a "standard" drink?

| | | | |
|---|---|--|---|
| 12 fl. oz. of regular beer | 8-9 fl. oz. of malt liquor | 5 fl. oz. of table wine | 1.5 fl. oz. shot of 80 proof liquor/spirits |
|  |  |  |  |