AUDIT

1. **How often do you have a drink containing alcohol?**
   - Never, 0
   - Monthly or less, 1
   - Two to four times a month, 2
   - Two to three times a week, 3
   - Four or more times a week, 4

2. **How many drinks containing alcohol do you have on a typical day when you are drinking?**
   - 1 or 2 drinks, 0
   - 3 or 4 drinks, 1
   - 5 or 6 drinks, 2
   - 7 to 9 drinks, 3
   - 10 or more, 4

3. **How often do you have six or more drinks on one occasion?**
   - Never, 0
   - Monthly or less, 1
   - Two to four times a month, 2
   - Two to three times a week, 3
   - Four or more times a week, 4

4. **How often during the last year have you found that you were not able to stop drinking once you had started?**
   - Never, 0
   - Monthly or less, 1
   - Two to four times a month, 2
   - Two to three times a week, 3
   - Four or more times a week, 4

5. **How often during the last year have you failed to do what was normally expected from you because of drinking?**
   - Never, 0
   - Monthly or less, 1
   - Two to four times a month, 2
   - Two to three times a week, 3
   - Four or more times a week, 4

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, 0
   - Monthly or less, 1
   - Two to four times a month, 2
   - Two to three times a week, 3
   - Four or more times a week, 4

7. **How often during the last year have you had a feeling of guilt or remorse after drinking?**
   - Never, 0
   - Monthly or less, 1
   - Two to four times a month, 2
   - Two to three times a week, 3
   - Four or more times a week, 4
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
   Never, 0
   Monthly or less, 1
   Two to four times a month, 2
   Two to three times a week, 3
   Four or more times a week, 4

9. Have you or someone else been injured as a result of your drinking?
   No, 0
   Yes, but not in the last year, 2
   Yes, during the last year, 4

10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking, or suggested you cut down?
    No, 0
    Yes, but not in the last year, 2
    Yes, during the last year, 4

SCORING:

The number for each response is the number of points. Answers for each question range from 0 to 4 points.

There is no set cut-off point indicating harmful use. A score of 2 or more indicates some level of harmful use.

The particular score that warrants a further evaluation, depends in part on the situation, e.g. a score of 3 for someone scheduled for surgery would clearly warrant further evaluation, although this might not be as critical for the healthy individual who is seen during a routine annual physical. However, patient education/harm reduction efforts are indicated for anyone who scores over a 1.

SENSITIVITY AND SPECIFICITY

<table>
<thead>
<tr>
<th>SCORE</th>
<th>% those with score who have alcohol abuse/dependence</th>
<th>% all alcoholics with this score</th>
<th>% all alcoholics with lower score</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>97%</td>
<td>28%</td>
<td>72%</td>
</tr>
<tr>
<td>8</td>
<td>90%</td>
<td>61%</td>
<td>39%</td>
</tr>
<tr>
<td>2</td>
<td>25%</td>
<td>97%</td>
<td>3%</td>
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</tbody>
</table>