Northwest PRIMARY CARE

Alcohol screening questionnaire (AUDIT)

Full Name: _____

Date of Birth: _____

Today's Date: _____

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)*

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?	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 healthcare worker been concerned about your drinking or suggested you cut down?	No ☐		Yes, but not in the last year ☐		Yes, in the last year ☐

Have you ever been in treatment for an alcohol problem?

☐ Never ☐ Currently ☐ In the past

0	1	2	3	4

** Points per box checked **

_____ + _____ + _____ + _____ + _____

I 0-3 II 4-9 III 10-13 IV 14+ FOR OFFICE CODING

= Total Score: _____

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