THE AUDIT

The following questions relate to one's alcohol consumption in the past twelve months.

Never	 a drink containing alcohol? 2 to 3 times a week 2 to 4 times a month 	4 or more times a week
None	ining alcohol do you have on 1 or 2 7 or 9	a typical day when you are drinking? 3 or 4 10 or more
Never	six or more drinks on one orDaily or almost dailyMonthly	ccasion? Weekly
4. How often during the last year have you found that you were unable to stop drinking once you had started?		
Never	Daily or almost dailyMonthly	☐ Weekly
5. How often during the last year have you failed to do what was normally expected from you because of drinking?		
Never	Daily or almost dailyMonthly	☐ Weekly
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	Daily or almost dailyMonthly	☐ Weekly
Never	Daily or almost daily Monthly	ng of guilt or remorse after drinking? Weekly

SAOR II

9. Have you or has someone else been injured as the result of your drinking? Never Daily or almost daily Weekly Monthly		
 10. Has a relative, friend, or a health worker been concerned about your drinking or suggested you cut down? Never Daily or almost daily Weekly Less than monthly Monthly 		
SCORING AUDIT		
Scores for questions 1 through 8 ranges from 0 to 4:		
The first response for each question (e.g. never)		
The second (e.g. less than monthly) Score 1		
The third (e.g. monthly) Score 2		
The fourth (e.g. weekly) Score 3		
Last response (e.g. daily or almost daily) Score 4		
Questions 9 and 10: (have three responses): Score 0, 2 and 4		

TOTAL SCORE INTERPRETATION:

A score of **8 or more** is associated with harmful or hazardous drinking.

A score of **13** or **more** in women, and **15** or **more** in men, is likely to indicate alcohol dependence.