### THE AUDIT

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

1. **How often do you have a drink containing alcohol?**
   - □ Never
   - □ Monthly or less
   - □ 2 to 3 times a week
   - □ 2 to 4 times a month
   - □ 4 or more times a week

2. **How many drinks containing alcohol do you have on a typical day when you are drinking?**
   - □ None
   - □ 5 or 6
   - □ 1 or 2
   - □ 7 or 9
   - □ 3 or 4
   - □ 10 or more

3. **How often do you have six or more drinks on one occasion?**
   - □ Never
   - □ Less than monthly
   - □ Daily or almost daily
   - □ Weekly
   - □ Monthly

4. **How often during the last year have you found that you were unable to stop drinking once you had started?**
   - □ Never
   - □ Less than monthly
   - □ Daily or almost daily
   - □ Weekly
   - □ Monthly

5. **How often during the last year have you failed to do what was normally expected from you because of drinking?**
   - □ Never
   - □ Less than monthly
   - □ Daily or almost daily
   - □ Weekly
   - □ Monthly

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
   - □ Daily or almost daily
   - □ Weekly
   - □ Monthly

7. **How often during the last year have you had a feeling of guilt or remorse after drinking?**
   - □ Never
   - □ Less than monthly
   - □ Daily or almost daily
   - □ Weekly
   - □ Monthly
9. Have you or has someone else been injured as the result of your drinking?
- Never
- Daily or almost daily
- Weekly
- Less than monthly
- 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) ................................................................. Score 0
- 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.