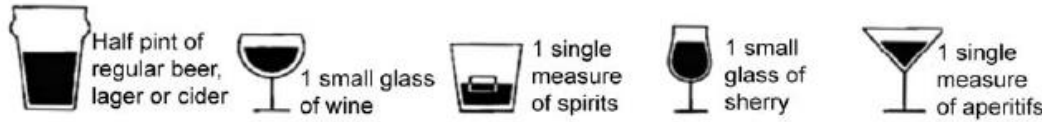


Name: \_\_\_\_\_

Date of Birth:     /     /

# Alcohol use disorders identification test consumption (Audit C)

**This is one unit of alcohol...**



**...and each of these is more than one unit**



**How many units of alcohol do you drink per week?**

## **AUDIT – C**

| Questions   | Scoring system |                   |                       |                      |                       | Your score           |
|---|----------------|-------------------|-----------------------|----------------------|-----------------------|----------------------|
|   | 0              | 1                 | 2                     | 3                    | 4                     |                      |
| <b>How often do you have a drink containing alcohol?</b>  | Never          | Monthly or less   | 2 - 4 times per month | 2 - 3 times per week | 4+ times per week     | <input type="text"/> |
| <b>How many units of alcohol do you drink on a typical day when you are drinking?</b>                                 | 1 - 2          | 3 - 4             | 5 - 6                 | 7 - 9                | 10+                   | <input type="text"/> |
| <b>How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?</b> | Never          | Less than monthly | Monthly               | Weekly               | Daily or almost daily | <input type="text"/> |

### **Scoring:**

A total of 5 or more indicates possible increasing or higher risk drinking.

An overall total score of 5 or above is AUDIT-C positive. **If your score is 5 or more please complete the next page for a complete AUDIT-C score**



Score from first part AUDIT- C (previous page) .....

Remaining AUDIT questions

|   |       |                   |                               |        |  |
|---|-------|-------------------|-------------------------------|--------|--|
|   |       |                   |                               |        |  |
|   |       |                   |                               |        |  |
|   | Never |                   | Monthly                       | Weekly |  |
|   | Never | Less than monthly | Monthly                       | Weekly |  |
|   | Never | Less than monthly | Monthly                       | Weekly |  |
| How often during the last year have you had a feeling of guilt or remorse after drinking? | Never | Less than monthly | Monthly                       | Weekly |  |
|   | Never | Less than monthly | Monthly                       | Weekly |  |
| Have you or somebody else been injured as a result of your drinking?                      | No    |                   | Yes, but not in the last year |        |  |
|   | No    |                   | Yes, but not in the last year |        |  |

TOTAL Score equals AUDIT C Score (previous page) plus Score of remaining questions

Total Audit score.....

- 0 -7 indicates sensible or lower risk drinking
- 8-15 indicates increasing risk drinking
- 16-19 indicates higher risk drinking
- 20 and over indicates possible alcohol dependence