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AUDIT

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RPN# * * * * *

Interviewer:

Site: 2 1 0 0 0 2 . 0 1

Date / /

Please fill in the answer that is correct for you.

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Not like this: ⊗ ⊘

1. How often do you have a drink containing alcohol? -----

- Never
- Monthly or less
- Two to four times a month
- Two to three times per week
- Four or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking? -----

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

3. How often do you have six or more drinks on one occasion? -----

- Never
- Monthly or less
- Two to four times a month
- Two to three times per week
- Four or more times a week

4. How often during the last year have you found that you were not able to stop drinking once you had started? -----

- Never
- Monthly or less
- Two to four times a month
- Two to three times per week
- Four or more times a week

5. How often during the last year have you failed to do what was normally expected from you because of drinking? -----

- Never
- Monthly or less
- Two to four times a month
- Two to three times per week
- Four or more times a week



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AUDIT *continued*

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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
- Monthly or less
- Two to four times a month
- Two to three times per week
- Four or more times a week

7. How often during the last year have you had a feeling of guilt or remorse after drinking? -----

- Never
- Monthly or less
- Two to four times a month
- Two to three times per week
- Four or more times a week

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking? -----

- Never
- Monthly or less
- Two to four times a month
- Two to three times per week
- Four or more times a week

9. Have you or someone else been injured as a result of your drinking? -----

- No
- Yes, but not in the last year
- Yes, during the last year

10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down? -----

- No
- Yes, but not in the last year
- Yes, during the last year

Procedure for Scoring AUDIT Questions 1-8 are scored 0, 1, 2, 3, or 4. Questions 9 and 10 are scored 0, 2 or 4 only.

Total: _____