Do not write, stamp, punch holes or affix a sticker in this area.

AUDIT Questionnaire

Please answer every question

To reproduce, follow the printing instructions.

Fold only on the dotted lines.

Marking Instructions

Please use a #2 pencil.

Fill in the complete oval as shown...

PLEASE PRINT PATIENT'S LAST NAME

PATIENT'S FIRST NAME | MIDDLE INITIAL | PATIENT'S DATE OF BIRTH (Month / Day / Year)

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 a week

How many standard drinks containing alcohol do you have on a typical day when drinking?

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

please fold on dotted line

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

- ◯ Never
- ◯ Less than monthly
- ◯ Monthly
- ◯ Weekly
- ◯ Daily or almost daily

During the past year, how often 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

During the past year, how often have you failed to do what was normally expected of you because of drinking?

- ◯ Never
- ◯ Less than monthly
- ◯ Monthly
- ◯ Weekly
- ◯ Daily or almost daily

During the past year, how often have you needed a drink in the morning to get yourself going after a heavy drinking session?

- ◯ Never
- ◯ Less than monthly
- ◯ Monthly
- ◯ Weekly
- ◯ Daily or almost daily

During the past year, how often have you had a feeling of guilt or remorse after drinking?

- ◯ Never
- ◯ Less than monthly
- ◯ Monthly
- ◯ Weekly
- ◯ Daily or almost daily

please fold on dotted line

During the past year, have you been unable to remember what happened the night before because you had been drinking?

- ◯ Never
- ◯ Less than monthly
- ◯ Monthly
- ◯ Weekly
- ◯ Daily or almost daily

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

- ◯ No
- ◯ Yes, but not in the past year
- ◯ Yes, during the past year

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

- ◯ No
- ◯ Yes, but not in the past year
- ◯ Yes, during the past year

For technical support, please contact PatientLink at ***Support@MyPatientLink.com.***