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.

Do not fold this form.

PLEASE PRINT PATIENT'S LAST NAME	
Marking Instructions	
Please use a #2 pencil.	T'S FIRST NAME MIDDLE INITIAL PATIENT'S DATE OF BIRTH
Fill in the complete oval as shown	
Month Day Year	
How often do you have a drink containing alcohol?	
NeverLess than monthly	Weekly2 to 3 times a week
Monthly	4 to 6 times a week
How many drinks containing alcohol do you have	
1 drink 2 drinks	4 drinks5 to 6 drinks10 or more drinks
3 drinks	7 to 9 times a week
How often do you have X (5 for men; 4 for women & men over age 65) or more drinks on one occasion?	
Never	Weekly2 to 3 times a week
Less than monthlyMonthly	4 to 6 times a week
- The time to the	
	at you were not able to stop drinking once you had started?
Never	Weekly
Less than monthlyMonthly	Daily or almost daily
Widnesty	
How often during the past year have you failed to	do what was expected of you because of drinking?
Never	○ Weekly
Less than monthly	Daily or almost daily
O Monthly	
How often during the past year have you needed a drink first thing in the morning to get yourself	
going after a heavy drinking session?	
Never	Weekly
Less than monthlyMonthly	Daily or almost daily
How often during the past year have you had a feeling of guilt or remorse after drinking?	
Never	○ Weekly
Less than monthlyMonthly	Daily or almost daily
Wichard	
How often during the past year have you been unable to remember what happened the night	
before because you had been drinking?	O W . II
Never	WeeklyDaily or almost daily
Less than monthlyMonthly	Daily of aimost daily
Have you or someone else been injured because o	of your drinking?
No	
Yes, but not in the past yearYes, during the past year	
Test during the past year	
Has a relative, friend, doctor, or other health care worker been concerned about your drinking	
and suggested you cut down?	
NoYes, but not in the past year	
Yes, during the past year	
= 11, 15, 16, 11, 16, 11, 11, 11, 11, 11, 11, 11	