

The Alcohol Use Disorders Identification Test

I'm going to read you a list of questions that concern your use of alcoholic beverages during the past year. Alcoholic beverages include drinks like beer, wine, vodka, whiskey, etc. Please select the best answer within the response choices in the Box numbers I give you. You may choose to answer or not answer any of the questions in this section.

		Never	Monthly or less	2 – 4 times per month	2 – 3 times per week	4 or more times a week
1	How often do you have a drink containing alcohol? See Box 44. <i>If "never", skip to Q's 9,10</i>	0	1	2	3	4
		1 or 2	3 or 4	5 or 6	7, 8, or 9	10 or more
2	How many drinks containing alcohol do you have on a typical day when you are drinking? See Box 45. <i>If Q's 2 + 3= total of "0", skip to Q's 9, 10</i>	0	1	2	3	4
Use Box 46 for the next six questions.		Never	Less than monthly	Monthly	Weekly	Daily or almost daily
3	How often do you have six or more drinks on one occasion?	0	1	2	3	4
4	How often during the last year have you found that you were not able to stop drinking once you had started?	0	1	2	3	4
5	How often during the last year have you failed to do what was normally expected from you because of drinking?	0	1	2	3	4
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?	0	1	2	3	4
7	How often during the last year have you had a feeling of guilt or remorse after drinking?	0	1	2	3	4
8	How often during the last year have you been unable to remember what happened the night before because you had been drinking?	0	1	2	3	4
Box 47		No		Yes, but not in the last year		Yes, during the last year
9	Have you or someone else been injured as a result of your drinking?	0		2		4
10	Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?	0		2		4