

Are you at risk from your drinking? The AUDIT Questionnaire:

Select from the answers below and place the number that corresponds with your answer in the shaded score box.

1. How often do you have a drink containing alcohol? **Score Box**

0 Never	1 Monthly or less	2 Two to four times a month	3 Two to three times a week	4 Four or more times a week	<input type="text"/>
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2. How many standard drinks do you have on a typical day when you are drinking?

0 One or two	1 Three or four	2 Five or six	3 Seven eight or nine	4 Ten or more	<input type="text"/>
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3. How often do you have six or more drinks on one occasion?

0 Never	1 Less than monthly	2 Monthly	3 Weekly	4 Daily or almost daily	<input type="text"/>
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4. How often during the last year have you found that you were not able to stop drinking once you had started?

0 Never	1 Less than monthly	2 Monthly	3 Weekly	4 Daily or almost daily	<input type="text"/>
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5. How often during the last year have you failed to do what was normally expected of you because of drinking?

0 Never	1 Less than monthly	2 Monthly	3 Weekly	4 Daily or almost daily	<input type="text"/>
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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?

0 Never	1 Less than monthly	2 Monthly	3 Weekly	4 Daily or almost daily	<input type="text"/>
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7. How often during the last year have you had a feeling of guilt or remorse after drinking? **Score Box**

0 Never	1 Less than monthly	2 Monthly	3 Weekly	4 Daily or almost daily	<input type="text"/>
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8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

0 Never	1 Less than monthly	2 Monthly	3 Weekly	4 Daily or almost daily	<input type="text"/>
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9. Have you or someone else been injured as a result of your drinking?

0 Never	2 Yes, but not in the last year	4 Yes, during the last year	<input type="text"/>
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10. Has a relative, a friend, a doctor or another health worker been concerned about your drinking or suggested you cut down?

0 Never	2 Yes, but not in the last year	4 Yes, during the last year	<input type="text"/>
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Now add up your scores from questions 1 to 10. This is your total AUDIT score

Now add up your scores from questions 4, 5 and 6. This is your secondary AUDIT score

What does your AUDIT score mean?

RISK LEVELS.

If your total AUDIT Score is:	If your total AUDIT Score is:	Then your risk level is:
Less than 8	Below 4	Low risk
Between 8 and 15	Below 4	Risky
Between 16 and 19	Below 4	High Risk
Between 16 and 19	Above 4	High risk, maybe dependent
Above 20	Below 4	High risk, likely dependent
Above 20	Above 4	Probably dependent

A Caution: You may score in the low-risk range but still be at risk or experiencing problems if you combine alcohol with dangerous activities (eg: driving or operating machinery) or combine alcohol with medication.