Alcohol Use Disorders Identification Test (AUDIT)

This is a more detailed questionnaire than the CAGE Questions. It has been developed by the World Health Organization[1] as a simple screening tool to pick up the early signs of hazardous and harmful drinking and identify mild dependence.[2]

- Begin the AUDIT by saying “Now I am going to ask you some questions about your use of alcoholic drinks during this past year.”
- Read the questions as written. Record answers carefully.
- Explain what is meant by “alcoholic drinks” by using local examples of beer, wine, vodka, etc.
- Code answers in terms of “standard drinks”. Select the correct answer number in the box on the right.[1]

| The Alcohol Use Disorders Identification Test: Interview Version |
| Read questions as written. |

1. How often do you have a drink containing alcohol?
   - 0 points - Never
   - 1 point - Monthly or less
   - 2 points - 2 to 4 times a MONTH
   - 3 points - 2 to 3 times a WEEK
   - 4 points - 4 or more times a week

   Questioner may skip to Questions 9 and 10 if reply to Question 1 is never, or if both answers to Q 2 and 3 are 0.

2. How many units of alcohol do you drink on a typical day when you are drinking?
   - 0 points - 1 or 2 drinks
   - 1 point - 3 or 4 drinks
   - 2 points - 5 or 6 drinks
   - 3 points - 7 or 8 or 9 drinks
   - 4 points - 10 or more drinks

3. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?
   - 0 points - Never
   - 1 point - Less than monthly
   - 2 points - Monthly
   - 3 points - Weekly
   - 4 points - Daily or almost daily

   AUDIT-C Score □/12 (complete full questionnaire if score is 3 or more)

4. How often during the last year have you found that you were not able to stop drinking once you had started?
   - 0 points - Never
   - 1 point - Less than monthly
   - 2 points - Monthly
   - 3 points - Weekly
   - 4 points - Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
   - 0 points - Never
   - 1 point - Less than monthly
   - 2 points - Monthly
   - 3 points - Weekly
   - 4 points - Daily or almost daily

6. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?
   - 0 points - Never
   - 1 point - Less than monthly
   - 2 points - Monthly
   - 3 points - Weekly
   - 4 points - Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
   - 0 points - Never
   - 1 point - Less than monthly
   - 2 points - Monthly
   - 3 points - Weekly
   - 4 points - Daily or almost daily

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


[2] Read questions as written.
9. Have you or someone else been injured as a result of your drinking?

0 points - Never
1 point - Less than monthly
2 points - Monthly
3 points - Weekly
4 points - Daily or almost daily

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

0 points - No, never
2 points - Yes, but not in the last year
4 points - Yes, during the last year

The Alcohol Use Disorders Identification Test (AUDIT) Score = [ ]

Scores of 8 or more are considered an indicator of hazardous and harmful alcohol use.

The calculator has been created from the questionnaire in Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG; The Alcohol Use Disorders Identification Test, Guidelines for Use in Primary Care, Second Edition, Department of Mental Health and Substance Dependence, World Health Organization, CH-1211 Geneva 27, Switzerland. ©World Health Organization 2001, reproduced here with permission.

AUDIT was tested on a sample of 913 drinking patients, and has 92% sensitivity and specificity of 94% using the ≥8/40 threshold. [2]

AUDIT-C (shortened form)

The AUDIT-C is a shortened version of the above using the first 3 questions only. [3, 4] Using a cutoff ≥4 the AUDIT-C has a sensitivity of 86% of patients with heavy drinking and/or active alcohol abuse or dependence with a specificity of 72%. Using a cutoff of ≥3, AUDIT-C identifies 90% of patients with active alcohol abuse or dependence and 98% of patients with heavy drinking, (specificity was only 60%, false-positive rate 40%). [3]

It is recommended a score of ≥3 or more points on the AUDIT-C, or a report of drinking 6 or more drinks on one occasion ever in the last year, should lead to a more detailed assessment of drinking and related problems (ie completion of the full questionnaire). [3]

Further reading & references

1. Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG; The Alcohol Use Disorders Identification Test, Guidelines for Use in Primary Care, Second Edition, Department of Mental Health and Substance Dependence, World Health Organization.

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