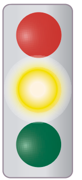
AUDIT



Below you will find a few questions concerning your drinking habits. Please mark the alternative that applies to you. Thank you for answering the questions as accurately and honestly as possible.

One standard glass:

50CL MEDIUM-STRONG BEER

33CL STRONG BEER

25CL **EXTRA** STRONG BEER

12–15CL WINE

8CL STRONG WINE

4CL HARD LIQUOR

Place an X in one box that best describes your answer to each question.

HOW OLD ARE YOU? ___________ ❑ MALE ❑ FEMALE

Question					
1. How often do you have a drink containing alcohol?	Never ❑	Monthly or less ❑	2 to 4 times a month ❑	2 to 3 times a week ❑	4 or more times a week ❑
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2 ❑	3 or 4 ❑	5 or 6 ❑	7 to 9 ❑	10 or more ❑
3. How often do you have six or more drinks on one occasion?	Never ❑	Less than monthly ❑	Monthly ❑	Weekly ❑	Daily or almost daily ❑
4. How often during the last year 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 ❑
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never ❑	Less than monthly ❑	Monthly ❑	Weekly ❑	Daily or almost daily ❑
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?	Never ❑	Less than monthly ❑	Monthly ❑	Weekly ❑	Daily or almost daily ❑
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never ❑	Less than monthly ❑	Monthly ❑	Weekly ❑	Daily or almost daily ❑
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never ❑	Less than monthly ❑	Monthly ❑	Weekly ❑	Daily or almost daily ❑
9. Have you or someone else been injured as a result of your drinking?	No ❑		Yes, but not in the last year ❑		Yes, during the last year ❑
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No ❑		Yes, but not in the last year ❑		Yes, during the last year ❑