



The Alcohol Use Disorders Identification Test

Name: First name Last name

DOB: Date of birth

Today's Date: *

Instructions: Please answer the following questions with the appropriate choices indicated for each of them. Also, please note what counts as one drink when thinking about your answers to your questions:

12 oz. of beer



5 oz. of wine



1.5 oz. liquor (one shot)



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

☐

0.
Never

☐

1.
Monthly or less

☐

2.
2-4 times a month

☐

3.
2-3 times a week

☐

4.
4+ times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking? *

☐

0.
1 or 2

☐

1.
3 or 4

☐

2.
5 or 6

☐

3.
7 to 9

☐

4.
10 or more

3. How often do you have five or more drinks on one occasion? *

☐

0.
Never

☐

1.
Less than monthly

☐

2.
Monthly

☐

3.
Weekly

☐

4.
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? *

☐

0.
Never

☐

1.
Less than monthly

☐

2.
Monthly

☐

3.
Weekly

☐

4.
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? *

☐

0.
Never

☐

1.
Less than monthly

☐

2.
Monthly

☐

3.
Weekly

☐

4.
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? *

☐

0.
Never

☐

1.
Less than monthly

☐

2.
Monthly

☐

3.
Weekly

☐

4.
Daily or almost
daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking? *

☐

0.
Never

☐

1.
Less than monthly

☐

2.
Monthly

☐

3.
Weekly

☐

4.
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? *

☐

0.
Never

☐

1.
Less than monthly

☐

2.
Monthly

☐

3.
Weekly

☐

4.
Daily or almost
daily

9. Have you or someone else been injured because of your drinking? *

☐

0.
No

☐

1.

☐

2.
Yes, but not in the
last year

☐

3.

4.
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? *

☐

0.
No

☐

1.

☐

2.
Yes, but not in the
last year

☐

3.

4.
Yes, during the last
year

Have you ever been in treatment for an alcohol problem? *

☐

Never

☐

Currently

☐

In the past

TOTAL SCORE: * *

Score Ranges

Score Range	Zone	
-------------	------	--

0-7	Low Risk	You probably do not have a problem with alcohol. Continue drinking in moderation or not at all.
8-15	Moderate Risk	You may drink too much on occasion. This may put you or others at risk. Try to cut down on alcohol or stop drinking completely.
16-19	High Risk	Your drinking could lead to harm, if it has not already. It is important that you cut down on alcohol or stop drinking completely. Ask your doctor or nurse for advice on how best to cut down.
20+	Addiction Likely	It is likely that your drinking is causing harm. Speak to your doctor or nurse or an addiction specialist. Ask about medications and counseling that can help you stop drinking. If you are dependent on alcohol, do not stop drinking without the help of a health care professional.