

## North Texas Family Health Alcohol Screening Questionnaire (AUDIT)

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Alcohol Screening Questionnaire - Drinking alcohol can affect your health and the effect of many prescribed and over-the-counter medications. Please provide honest and accurate details below to help us best provide the care and wellness for you.

**One Drink equals:** 12 oz Beer  
1.5 oz (1 shot) Liquor  
5 oz Wine



How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
How many drinks containing alcohol do you have on a typical day when you are drinking?	0-2	3-4	5-6	7-9	10 or more
How often do you have six (6) or more drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily
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
How often during the past year have you failed to do what was normally expected of you because of drinking?	Never	Less than Monthly	Monthly	Weekly	Daily
How often during the past 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
How often during the past year have you had a feeling of guilt or remorse following drinking?	Never	Less than Monthly	Monthly	Weekly	Daily
How often during the past year have you been unable to remember what happened the night before because of your drinking?	Never	Less than Monthly	Monthly	Weekly	Daily
Have you or someone else been injured because of your drinking?	No		Yes, but not within the past year		Yes, within the past year
Has a relative, friend, or healthcare provider address concern about your drinking or suggested that you stop or reduce the amount you drink?	No		Yes, but not within the past year		Yes, within the past year
	0	1	2	3	4

Women: I-0 II-4 III-13 IV-20

Men: I-0 II-5 III-15 IV-20

Score: \_\_\_\_\_

**Scoring and Interpretation**  
For Provider or Clinician Only

<b><u>Score</u></b>	<b><u>Zone</u></b>	<b><u>Action</u></b>
0-3: Women 0-4: Men	I - Low Risk	Brief education
4-12: Women 5-14: Men	II - Risky	Brief intervention
13-19: Women 15-19: Men	III - Harmful	Brief intervention (consider referral)
20+: Women 20+: Men	IV- Dependent	Referral for Specialized Treatment

**Brief Education** - an opportunity to educate patients about low-risk consumption levels and the risks of excessive alcohol use. Health related issues associated with alcohol consumption.

**Brief Intervention** - Face-to-Face discussion that employs Motivational Interviewing concepts to raise an individual's awareness of his/her substance use and enhancing his/her motivation towards behavioral change. Brief interventions are 1 to 5 sessions in length, typically performed in 3 to 30 minutes, and should occur in the same session as the initial screening. The recommended behavior change is to reduce to low-risk levels.

Patients with numerous and serious negative consequences from their drinking, or patients with likely dependence who cannot or will not obtain conventional specialized treatment, should receive more frequent and intensive interventions. The recommended behavior change in this case is to either reduce consumption frequency and quantity or to abstain from use completely and accept the referral for specialized counselling or treatment.

**Referral to Specialized Treatment** - a proactive process that facilitates access to specialized care for individuals who have been assessed to have substance use dependence. These patients are referred to alcohol and drug treatment experts for more definitive, detailed, assessment and treatment if warranted. The recommended behavior change is to abstain from use and to accept referral for specialized counselling or treatment.

More resources can be found at: [www.sbirtoregon.org](http://www.sbirtoregon.org)