

## AUDIT-C Questionnaire

Patient Name \_\_\_\_\_

Date of Visit \_\_\_\_\_

1. Within the past year, how often did you have a drink of alcohol?

- a. Never
- b. Monthly (e.g. Special occasions/Rare)
- c. 2-4 times a month (e.g. 1x on weekend - "Fridays only" or "every other Thursday")
- d. 2-3 times a week (e.g. weekends – Friday-Saturday or Saturday-Sunday)
- e. 4 or more times a week (e.g. daily or most days/week)

2. Within the past year, how many standard drinks containing alcohol did you have on a typical day?

- a. 1 or 2
- b. 3 or 4
- c. 5 or 6
- d. 7 to 9
- e. 10 or more

3. Within the past year, how often did you have six or more drinks on one occasion?

- a. Never
- b. Less than monthly
- c. Monthly
- d. Weekly
- e. Daily or almost daily