Alcohol Use Disorders Identification Test (AUDIT)

If you are concerned that you may have a drinking problem, answer the following questions. Scoring is simple: The numbers for each response are added up to give a composite score. If your score is above 8 an in-depth assessment is warranted and may be indicative of an alcohol problem. For further information contact:

Student Health Services: (843) 349-6543
- OR -
Counseling Services: (843) 349-2305

1) How often do you have a drink containing alcohol?
   - 0=Never
   - 1=Monthly or Less
   - 2=Two to Four Times a Month
   - 3=Two to Three Times a Week
   - 4=Four+ Times a Week

2) How many drinks containing alcohol do you have on a typical day when you are drinking?
   - 0=None
   - 1=One or Two
   - 2=Three or Four
   - 3=Five or Six
   - 4=Seven to Nine
   - 5=Ten or More

3) How often do you have six 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 unable 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 from 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 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 the night before because you had been drinking?
   - 0=Never
   - 1=Less than Monthly
   - 2=Monthly
   - 3=Weekly
   - 4=Daily or Almost Daily

9) Have you or someone else been injured as the result of your drinking?
   - 0=Never
   - 1=Less than Monthly
   - 2=Monthly
   - 3=Weekly
   - 4=Daily or Almost Daily

10) Has a relative, friend, or health professional been concerned about your drinking or suggested you cut down?
    - 0=Never
    - 1=Less than Monthly
    - 2=Monthly
    - 3=Weekly
    - 4=Daily or Almost Daily

This screening test has excellent reliability and validity established across multicultural populations. It was developed by the World Health Organization and was published in a highly recommended volume: Hester, R. K., & Miller, W. R. (1995). Handbook of Alcoholism Treatment Approaches: Effective Alternatives (2nd ed.). Boston: Allyn & Bacon.