

AUDIT Questionnaire

Name of agency/organisation

Date / / 20

Part One - AUDIT-C

	0	1	2	3	4	Score
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
TOTAL						

Scoring: If score is less than 5, congratulate and positively reinforce continuing lower risk drinking levels.
 If score is 5 or more, explain that you would like to complete the AUDIT questionnaire for a clearer picture.

Part Two - Complete AUDIT

	0	1	2	3	4	Score
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	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0-7 Lower risk levels *
 8-15 Increasing risk levels
 16-19 Higher risk levels
 20+ Higher risk levels with probable dependence

*Unless pregnant or thinking about conceiving or experiencing a physical or mental health condition that is worsened by low levels of alcohol use.

TOTAL from Part One	
TOTAL from Part Two	
TOTAL SCORE	/ 40

Age: Under 18 19 - 29 30 - 39 40 - 49 50-64 65+ I do not wish to disclose this

Gender: Male Female Transgender I do not wish to disclose this

Postcode: 1st half of postcode eg. M16

Ethnic Origin:

Asian or Asian British

Bangladeshi
 Indian
 Pakistani
 Any other Asian background

White

British
 Irish
 Any other White background

Black or Black British

African
 Carribean
 Any other Black background
 Any other mixed background

Mixed

White & Asian
 White & Black African
 White & Black Carribean

Other Ethnic Group

Chinese
 Any other ethnic group
 I do not wish to disclose this