Alcohol Use Identification Test (AUDIT-C)



This questionnaire can help your health care team determine if you may have an ALCOHOL USE DISORDER, and if you do have one, how severe your symptoms are.

PLEASE ANSWER THE QUESTIONS BELOW WITH REGARD TO YOUR ALCOHOL CONSUMPTION OVER THE LAST 12 MONTHS.	
1. How often	n did you have a drink containing alcohol in
O Never (0) O 2-4 times O 2-3 times O 4 or more	
	y drinks containing alcohol did you have on when you were drinking in the last year?
 1 or 2 drin 3 or 4 drir 3 or 4 drir 5 or 6 drir 7 to 9 drir 	nks (1) nks (2) nks (3)
O 7 to 9 drii	IKS (4)
3. How often did y	you have six or more drinks on one occasion in the past year?
O Never(0) O Less than mont	thly (1)
O Monthly (2)	uny (±/
O Weekly (3)	
O Daily (4)	
TOTAL:	

Bush K, Kivlahan DR, Mcdonell MB, Fihn SD, Bradley KA. <u>The AUDIT alcohol consumption questions (AUDIT-C): an effective brief screening test for problem drinking.</u> Ambulatory Care Quality Improvement Project (ACQUIP). Alcohol Use Disorders Identification Test. Archives of Internal Medicine 1998 September 14, 158 (16): 1789-95

