

## AUDIT-C: Self-Report Version

**Username** \_\_\_\_\_

**Date:** \_\_\_\_\_

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest.

Place an X in one box that best describes your answer to each question.

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
1. How often do you have a drink containing alcohol? or less a month a week times a week	Never	Monthly Or less	2-4 times a month	2-3 times a month	4 or more a month	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have six or more drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
4. 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	
5. How often during the last year have you failed to do what was normally expected of daily you because of drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last 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 or almost daily	
7. 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	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else No Yes, but Yes, been injured because of not in the during the your drinking? last year last year	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking last year last year or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
<b>Total</b>						

Adapted from: Saunders, J.B., Aasland, O.G., Babor, T.F., de la Fuente, J.R. and Grant, M. Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption. II. *Addiction*, 88, 791-804, 1993.

The revision and finalisation of the audit-C was coordinated by Maristela Monteiro with technical assistance from Vladimir Poznyak from the WHO Department of Mental Health and Substance Dependence, and Deborah Talamini, University of Connecticut. Financial support for this publication was provided by the Ministry of Health and Welfare of Japan.  
© World Health Organization 2001

This document is not a formal publication of the World Health Organization (WHO), and all rights are reserved by the Organization. The document may, however, be freely reviewed, abstracted, reproduced, and translated, in part or in whole but not for sale or for use in conjunction with commercial purposes. Inquiries should be addressed to the Department of Mental Health and Substance Dependence, World Health Organization, CH-1211 Geneva 27, Switzerland, which will be glad to provide the latest information on any changes made to the text, plans for new editions and the reprints, regional adaptations and translations that are already available.