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*Psychotherapy for couples, families and individuals.*

## **Alcohol Use Disorders Identification Test AUDIT**

One drink is: 1 12ounce beer, 1 5ounce glass of wine or 1.5 ounces of distilled alcohol.

Place a "X" in the box that best describes you answer.

	<b>Questions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1.	How often do you have an alcohol drink?	Never	Monthly or less.	2 – 4 x monthly.	2 – 3 x weekly.	4 or more weekly.
2.	How many drinks do you have on the days when you drink?	1 – 2	3 – 4	5 – 6	7 – 9	10 or more.
3.	How often do you have 5 or more drinks on one occasion?	Never	Less than monthly.	Monthly.	Weekly.	Daily or almost daily.
4.	How often during the last 12 months have you found that you were not able to stop once you had started?	Never	Less than monthly.	Monthly.	Weekly.	Daily or almost daily.
5.	How often during the past 12 months have you failed to do what was expected of you due to drinking?	Never	Less than monthly.	Monthly.	Weekly.	Daily or almost daily.
6.	How often during the past 12 months have you had a drink in the morning to get yourself settled?	Never	Less than monthly.	Monthly.	Weekly.	Daily or almost daily.
7.	How often during the past 12 months have you felt guilty or remorseful after drinking?	Never	Less than monthly.	Monthly.	Weekly.	Daily or almost daily
8.	How often during the past 12 months have you been unable to remember what happened the previous day when you were drinking?	Never	Less than monthly.	Monthly.	Weekly.	Daily or almost daily
9.	Have you or someone else been injured due to your drinking?	No		Yes, but not in the last 12 months.		Yes, during the past 12 months.
10.	Has a relative, friend, employer or health-professional suggested you cut down?	No		Yes, but not in the past 12 months.		Yes, in the past 12 months.