

Patient Name: _____ Medical Record #: _____ DOB: _____

Alcohol Use Disorder Identification Test (AUDIT) Screening Tool

Instructions: This screening tool contains questions about patient alcohol use in the past year. The following questions should be completed for men that score ≥ 8 or women/men over age 65 that score ≥ 7 for questions 1-3 of the Alcohol Use section on the PA SBIRT Data Collection Form. Circle a response for each question and record the score (0-6) in the corresponding "Score" box.

Questions	0	1	2	3	4	5	6	Score
1. How often do you have a drinking containing alcohol?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	Daily	
2. How many drinks containing alcohol do you have on a typical day you are drinking?	1 drink	2 drinks	3 drinks	4 drinks	5-6 drinks	7-8 drinks	10 or more drinks	
3. How often do you have X (5 for men; 4 for women and men ≥ 65) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	2-3 times a week	4-6 times a week	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 past year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily			
6. How often during the past year have you needed a drink first thing 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 past 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 past 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			
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the past year		Yes, during the past year			
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking and suggest you cut down?	No		Yes, but not in the past year		Yes, during the past year			
Total								

Scoring the AUDIT

To score the AUDIT total the numbers for questions 1-10. Record this number in the corresponding "Total" box. Scores can range from 0-40

Interpreting Scores

Scores can fall within one of four ranges along a spectrum of alcohol, with each score range corresponding with a different level of risk. As alcohol use scores increase, so does the level of risk and the severity of alcohol-related consequences. All patients should be provided with the appropriate level of SBIRT intervention to address their alcohol use. The table below outlines the different AUDIT score ranges, the corresponding risk level, and the recommended intervention level.

Score Range	Risk Level	Intervention Level
0-6 (Women & Men ≥ 65) 0-7 (Men ≤ 65)	No/Low Risk	Screening and Feedback
7-15 (Women & Men ≥ 65) 8-15 (Men ≤ 65)	At-Risk	Brief Intervention
16-19	Moderate Risk	Early Intervention
20+	High Risk	Referral to Treatment

