

# AUDIT

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## AUDIT [1]

### **Description:** AUDIT Questionnaire

The Alcohol Use Disorders Identification Test, or AUDIT, is composed of ten questions that ask about the frequency and amount of alcohol consumption, the ramifications of the patient's drinking, and the concern of others for the patient's behavior. Patients are to be presented the form so that they can circle answers for each question. The AUDIT takes about 3 minutes to administer and score.

### Evidence

- The AUDIT was developed from a WHO collaborative project and validated in six countries. It was designed for international use and shown to be relatively free from cultural biases (Saunders, et al, 2006).
- Shown to perform well in detecting subjects with formal alcohol disorders and hazardous alcohol intake and useful for early detection (Piccinelli, et al, 1997).
- Sensitive to detecting current problems, not just past alcohol issues (laasacson, et al, 1994).
- Shown effective across a variety of subpopulations, including primary care patients, emergency room cases, drug users, university students, unemployed and persons of low socio-economic status (Babor, et al, 2001).

### **Sensitivity and Specificity**

% those with score who *have* alcohol abuse/dependence

% all alcoholics with this score

% all alcoholics with lower score

Score 12

97%

28 %

72%

Score 8

90%

61%

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39%

Score 2

25%

97%

3%

<http://iusbirt.org/faq/screening-tools-evidence-of-utility/> [2]

[https://docs.clinicaltools.com/pdf/sbirt/AUDIT\\_Scoring.pdf](https://docs.clinicaltools.com/pdf/sbirt/AUDIT_Scoring.pdf) [3]

## Indications

- To identify individuals whose alcohol consumption has become harmful and hazardous to their health.
- Of the 10 item questionnaire, 3 questions are on amount or frequency of drinking, 3 on alcohol dependence and 4 on problems caused by alcohol.
- Involved in a decision process which may include intervention or treatment for those patients with hazardous alcohol use behaviors.

## Advantages

- Cross-Cultural Standardization: AUDIT is the only screening test validated internationally and specifically designed for cross-national use
- Brief and able to be used in a wide variety of health care settings
- Identifies hazardous alcohol consumption and early stages of dependence
- Focuses on current alcohol use
- Equally appropriate for both women and men

## Limitations

- Not designed for use on adolescents or pregnant women; less effective in older adults (Powell & McInness, 1994)
- Designed for identification of hazardous drinking patterns and not for long-term dependence problems

## AUDIT Questions

0

1

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2

3

4

## Enter Score

1. How often do you have a drink containing alcohol

Never

Monthly or less

2 to 4 times a month

2 to 3 times a week

4 or more times a week

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 you because of drinking?

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

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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 been injured because of your drinking?

No

Yes, but not in the last year

Yes, during the last year

10. Has a relative, friend, doctor, or other healthcare worker been concerned about your drinking or suggested you cut down?

No

Yes, but not in the last year

Yes, during the last year

**Total Score**

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Scoring A score of 8 or more on the AUDIT generally indicates harmful or hazardous drinking. Questions 1 through 8 = 0, 1, 2, 3, or 4 points. Questions 9 and 10 are scored as 0, 2, or 4.

### References

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