



Participant ID:

Participant Initials:

Site:

Visit Number:

CRF Date:

RC ID:

## ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)

### Display Name- 6 Months: Alcohol Use

We would like to ask you a few questions about your alcohol consumption. Please take your time with the questions and remember that all information provided remains confidential.

1. How often do you have a drink containing alcohol?

- Never **[Skip to Q 9]**
- 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 drinks
- 3 or 4 drinks
- 5 or 6 drinks
- 7, 8, or 9 drinks
- 10 or more drinks

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 from you because of drinking?

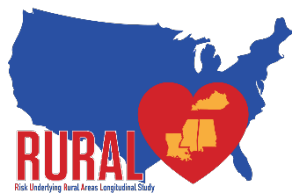
- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

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



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- 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 you had been drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

- No
- Yes, but not in the last year
- Yes, during the last year

10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?

- No
- Yes, but not in the last year
- Yes. during the last year

Thank You for Completing this Questionnaire!

**For Research Coordinator use only:** CRF was:  Self-administered  Interviewer-administered