## **Substance Abuse**

- Documentation on drug and alcohol use / abuse

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

<ol> <li>How often do you have a drink containing alcohol?</li> <li>Never (Skip to Questions 9-10)</li> <li>Monthly or less</li> <li>2 to 4 times a month</li> <li>2 to 3 times a week</li> <li>4 or more times a week</li> </ol>
<ul> <li>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</li> <li>(0) 1 or 2</li> <li>(1) 3 or 4</li> <li>(2) 5 or 6</li> <li>(3) 7, 8, or 9</li> <li>(4) 10 or more</li> </ul>
<ul> <li>3. How often do you have six or more drinks on one occasion?</li> <li>(0) Never</li> <li>(1) Less than monthly</li> <li>(2) Monthly</li> <li>(3) Weekly</li> <li>(4) Daily or almost daily</li> </ul>
<ul> <li>4. How often during the last year have you found that you were not able to stop drinking once you had started?</li> <li>(0) Never</li> <li>(1) Less than monthly</li> <li>(2) Monthly</li> <li>(3) Weekly</li> <li>(4) Daily or almost daily</li> </ul>
5. How often during the last year have you failed to do what was normally expected from you because of drinking? (0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily
<ul> <li>6. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</li> <li>(0) Never</li> <li>(1) Less than monthly</li> <li>(2) Monthly</li> <li>(3) Weekly</li> <li>(4) Daily or almost daily</li> </ul>

- 7. How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking?
- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily
- 8. How often during the last year have you had a feeling of guilt or remorse after drinking?
- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily
- 9. Have you or someone else been injured as a result of your drinking?
- (0) No
- (2) Yes, but not in the last year
- (4) Yes, during the last year
- 10. Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?
- (0) No
- (2) Yes, but not in the last year
- (4) Yes, during the last year

SCORING: Add up the points associated with the answers above. A total score of 8 or more indicates harmful drinking behavior.

## Further reading & references

The Alcohol Use Disorders Identification Test. Guidelines for Use in Primary Care, 2nd Edition; World Health Organization Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG; The Alcohol Use Disorders Identification Test, Guidelines for Use in Primary Care, Second Edition, Department of Mental Health and Substance Dependence, World Health Organization. Saunders JB, Aasland OG, Babor TF, et al; Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption--II. Addiction. 1993 Jun;88(6):791-804. Bush K, Kivlahan DR, McDonell MB, et al; The AUDIT alcohol consumption questions (AUDIT-C): an effective brief screening test for problem drinking. Ambulatory Care Quality Improvement Project (ACQUIP). Alcohol Use Disorders Identification Test. Arch Intern Med. 1998 Sep 14;158(16):1789-95.

Bradley KA, DeBenedetti AF, Volk RJ, et al; AUDIT-C as a brief screen for alcohol misuse in primary care. Alcohol Clin Exp Res. 2007 Jul;31(7):1208-17. Epub 2007 Apr 19.