# Alcohol use disorders identification test consumption (AUDIT C)

This alcohol harm assessment tool consists of the consumption questions from the full alcohol use disorders identification test (AUDIT).

Ougations	Scoring system					Your	
Questions		1	2	3	4	score	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 or more times per week		
How many units of alcohol do you drink on a typical day when you are drinking?	0 to 2	3 to 4	5 to 6	7 to 9	10 or more		
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		

#### **AUDIT C score**

#### **Scoring:**

- A total of 5 or more is a positive screen
- 0 to 4 indicates low risk
- 5 to 7 indicates increasing risk
- 8 to10 indicates higher risk
- 11 to 12 indicates possible dependence

#### What to do next

If you have a score of 5 or more and time permits, complete the remaining alcohol harm questions below to obtain a full AUDIT score.

## **Remaining AUDIT assessment questions**

Questions		Scoring system					
		1	2	3	4	scor e	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthl y	Monthl y	Weekl y	Daily or almos t daily		
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthl y	Monthl y	Weekl y	Daily or almos t daily		
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthl y	Monthl y	Weekl y	Daily or almos t daily		
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthl y	Monthl y	Weekl y	Daily or almos t daily		
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 monthl y	Monthl y	Weekl y	Daily or almos t daily		
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year		
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year		

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#### **Scoring:**

- 0 to 7 indicates low risk
- 8 to 15 indicates increasing risk
- 16 to 19 indicates higher risk
- 20 or more indicates possible dependence

### **Alcohol unit reference**

One unit of alcohol







1 single measure of spirits





Drinks more than a single unit



Pint of "regular" beer, lager or cider



Pint of "strong" or "premium" beer, lager or cider



Alcopop or a 275ml bottle of regular lager



440ml can of "regular" lager or cider



440ml can of "super strength" lager



250ml glass of wine (12%)



75cl Bottle of wine (12%)