# **IN A NUTSHELL**

The knowledge platform for general practitioners

## Alcohol Use Disorders Identification Test (AUDIT)

The «Alcohol Use Disorders Identification Test» (AUDIT) was developed by the World Health Organization (WHO) and is used to identify individuals with hazardous or harmful alcohol use.

Use the following quantities for a drink containing alcohol («standard drinks»):

- 3 dl beer (4.5 Vol.-%)
- 1 dl wine or sparkling wine (12 Vol.-%)
- 3 cl liquor (40 Vol.-%)
- 1. How often do you have a drink containing alcohol?
   Never (0) Monthly or less (+1) 2–4× per month (+2) 2–3× per week (+3) ?4× per week (+4)
- 2. How many standard drinks containing alcohol do you have on a typical day when drinking?  $\bigcirc 1-2(0) \bigcirc 3-4(+1) \bigcirc 5-6(+2) \bigcirc 7-9(+3) \bigcirc 10$  or more (+4)
- 3. How often do you have six or more drinks on one occasion?
  O Never (0) O Less than monthly (+1) O Monthly (+2) O Weekly (+3) O Daily or almost daily (+4)
- 4. During the past year, how often have you found that you were not able to stop drinking once you had started?

 $\bigcirc$  Never (0)  $\bigcirc$  Less than monthly (+1)  $\bigcirc$  Monthly (+2)  $\bigcirc$  Weekly (+3)  $\bigcirc$  Daily or almost daily (+4)

5. During the past year, how often have you failed to do what was normally expected of you because of drinking?
O Never (0) O Less than monthly (+1) O Monthly (+2) O Weekly (+3) O Daily or almost

daily (+4)6. During the past year, how often have you needed a drink in the morning to get yourself going after a heavy drinking session?

 $\bigcirc$  Never (0)  $\bigcirc$  Less than monthly (+1)  $\bigcirc$  Monthly (+2)  $\bigcirc$  Weekly (+3)  $\bigcirc$  Daily or almost daily (+4)

- 7. During the past year, how often have you had a feeling of guilt or remorse after drinking?
  O Never (0) O Less than monthly (+1) O Monthly (+2) O Weekly (+3) O Daily or almost daily (+4)
- 8. During the past year, have you been unable to remember what happened the night before because you had been drinking?

 $\bigcirc$  Never (0)  $\bigcirc$  Less than monthly (+1)  $\bigcirc$  Monthly (+2)  $\bigcirc$  Weekly (+3)  $\bigcirc$  Daily or almost daily (+4)

1

- 9. Have you or someone else been injured as a result of your drinking?
  - $\bigcirc$  No (0)  $\bigcirc$  Yes, but not in the past year (+2)  $\bigcirc$  Yes, during the past year (+4)
- 10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?
   No (0) Yes, but not in the past year (+2) Yes, during the past year (+4)

### **AUDIT score:**

Risk level:

Recommended intervention:

### Interpretation

Points	<b>Risk level</b>	Intervention
?7	I (unproblematic alcohol use)	Alcohol education
8-15	II (problematic alcohol use possible)	Simple advice
16–19	III (problematic alcohol use)	Simple advice, brief counseling, and continued monitoring
? 20	IV (Possible alcohol dependence)	Referral to specialist for diagnostic, evaluation and treatment

#### References

 Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG. AUDIT - The Alcohol Use Disorders Identification Test - Guidelines for Use in Primary Care. 2nd ed. World Health Organization; 2001.