



UNC CFAR Social and Behavioral Science Research Core SABI Database

INSTRUMENT TITLE: *AUDIT (Alcohol Use Disorders Identification Test)*

SOURCE ARTICLE: Saunders, J. B., Aasland, O. G., Babor, T. F., de la Fuente, J. R., Grant, M. (1993). Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption-II. *Addiction*, 88, 791-804.

RESPONSE OPTIONS: **Question 1:** Never, Monthly or less, Two to four times a month, Two to three times a week, Four or more times a week **Question 2:** 1 or 2, 3 or 4, 5 or 6, 7 to 9, 10 or more **Questions 3-8:** Never, Less than monthly, Monthly, Weekly, Daily or almost daily **Question 9 and 10:** No; Yes, but not in the last year; Yes, during the last year

SURVEY ITEMS:

1. How often do you have a drink containing alcohol?
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
3. How often do you have six or more drinks on occasion?
4. How often during the last year have you found that you were not able to stop drinking once you had started?
5. How often during the last year have you failed to do what was normally expected from you because of drinking?
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?
7. How often during the last year have you had a feeling of guilt or remorse after drinking?

TERMS OF USE:

Individuals may use this information for research or educational purposes only and may not use this information for commercial purposes. When using this instrument, please cite:

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8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
9. Have you or someone else been injured as a result of your drinking?
10. Has a relative or friend, or doctor or the health worker been concerned about your drinking or suggested you cut down?

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