



COUNSELING SERVICES OF GREATER BOSTON, LLC AUDIT - ALCOHOL SCREENING QUESTIONNAIRE

Client Full Name: _____ DOB: _____ Identified Gender: _____

The Alcohol Use Disorders Identification Test (AUDIT) is a 10-item screening tool developed by the World Health Organization (WHO) to assess alcohol consumption, drinking behaviors, and alcohol-related problems.

Drinking alcohol can affect your health and interfere with some medications and treatment. Please help us provide you with the best care by answering these questions below. Your answers will remain confidential.

One drink equals: a 12 oz. can of beer, a 5 oz. glass of wine, or a 1.5 oz cocktail (one shot).

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

Never Monthly or Less 2-4 time per month 2-3 times per week 4 or more times per week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

0-2 3 or 4 5 or 6 7-9 10 or more

3. How often do you have five 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 of 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 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 of your drinking?

Never Less than monthly Monthly Weekly Daily or almost daily

9. Have you or someone else been injured because of your drinking?

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

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

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

Have you ever been in treatment for an alcohol problem?

Never Currently In the past

Thank you for taking the time to complete this questionnaire. Your counselor will review the results with you.