

## AUDIT (Alcohol Use Disorders Identification Test)

It's not always easy to know if you are drinking too much. This test aims to help you work out your drinking habits.

The questions are about your use of alcohol in the past year.  
Please be honest when completing this questionnaire.

Questions	0	1	2	3	4	
1.How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2.How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3.How often do you have 6 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4.How often during the year prior to custody have you found that you were unable to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5.How often during the year prior to custody have you failed to do what was normally expected of you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6.How often during the year prior to custody 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 year prior to custody 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 year prior to custody 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 year prior to custody		Yes in the year prior to custody	
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 year prior to custody		Yes in the year prior to custody	
					Total	

### **What does my score on the AUDIT test mean?**

Add together the scores from all ten questions and write the total in the box on the right.

The minimum score, for non-drinkers, is 0 and the maximum score is 40. A score of 8 or more may suggest that you are damaging your health. A score of 16 or more may mean that you are showing signs of alcohol dependence.

If you would like more information or support please contact apas.

**36 Park Row, Nottingham NG1 6GR (Directions)**  
**Tel: Lo-call 08457 626 316 or 0115 941 4747 and Press 1**

**General enquiries: 0115 948 5570 Fax: 0115 948 5571**

**Drop in and have an informal chat with one of our advice workers using our apas direct service which is available Monday to Thursday 12.30pm - 6.30pm, Fridays 12.30pm to 4.30pm and Saturdays 9.00am to 12.30pm.**

**Alcoline** - telephone us on 0845 762 6316 (**Lo-call**) then press 1 or (0115) 941 4747 and press 1. Available from 9.00am until 7.00pm, Monday through to Friday and Saturday 9.00am to 1.00pm (answerphone at all other times).

[Email us](#)