Alcohol Use Disorders Identification Test 10-item (AUDIT-10)
(Bohn et al., 1995)

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

Scale:

1. How often do you have a drink containing alcohol?
2. How many units of alcohol do you drink on a typical day when you are drinking?
3. 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?
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 your drinking?
6. How often during the last year have you needed an alcoholic 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?
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 somebody else been injured as a result of your drinking?
10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?

Item Responses:
Item 1:

- 0 – Never
- 1 – Monthly or less
- 2 – two to four times per month
- 3 – two to three times per week
- 4 – four or more times per week

Item 2:

- 0 – zero to two
- 1 – three to four
- 2 – five to six
- 3 – seven to nine
- 4 – ten or more

Items 3-8:

- 0 – Never
- 1 – Less than monthly
- 2 – Monthly
• 3 – Weekly
• 4 – Daily or almost daily

Items 9-10:

• 0 – No
• 2 – Yes, but not in the last year
• 4 – Yes, during the last year

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

Citation: