

ALCOHOL USERS DISORDERS IDENTIFICATION TEST
(AUDIT C)

Name:

Date of birth

QUESTIONS	0	1	2	3	4	YOUR SCORE
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 – 4 times per month	2 – 3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 – 2	3 – 4	5 – 6	7 – 8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost Daily	

Scoring: A total of 5+ could indicate hazardous or harmful drinking.

**It is recommended that you complete a full alcohol AUDIT when scoring 5 or above
Please see attached**