



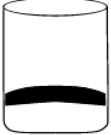



SELF ADMINISTRATION

Alcohol Screen (AUDIT)

Light Beer 425ml 2.9% Alcohol	Full Strength Beer 285ml 4.9% Alcohol	Wine 100ml 12% Alcohol	Fortified Wine 60ml 20% Alcohol	Spirits 30ml 40% Alcohol	Full Strength Can or Stubbie 375ml 4.9% Alcohol
					

The guide above contains examples of **one standard drink**.

A full strength can or stubbie contains **one and a half standard drinks**.

Introduction

Because alcohol use can affect health and interfere with certain medications and treatments, it is important that we ask you some questions about your use of alcohol. Your answers will remain confidential, so please be as accurate as possible. Try to answer the questions in terms of 'standard drinks'. Please ask for clarification if required.

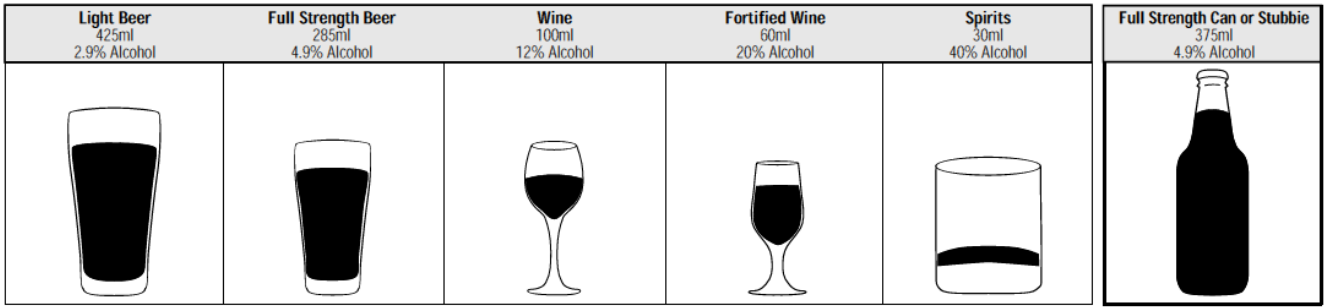
AUDIT Questions Please tick the response that best fits your drinking.

	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week
1. How often do you have a drink containing alcohol?	<input type="checkbox"/> <small>Go to Qs 9 & 10</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How many standard drinks do you have on a typical day when you are drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How often do you have six or more standard drinks on one occasion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How often during the last year have you found that you were not able to stop drinking once you had started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you or someone else been injured because of your drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supplementary Questions	No	Probably Not	Unsure	Possibly	Definitely
Do you think you presently have a problem with drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the next 3 months, how difficult would you find it to cut down or stop drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORING

Alcohol Screen (AUDIT)



The guide above contains examples of **one standard drink**.

A full strength can or stubbie contains **one and a half standard drinks**.

Introduction

Because alcohol use can affect health and interfere with certain medications and treatments, it is important that we ask you some questions about your use of alcohol. Your answers will remain confidential, so please be as accurate as possible. Try to answer the questions in terms of **'standard drinks'**. Please ask for clarification if required.

AUDIT Questions Please tick the response that best fits your drinking.

	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week		
1. How often do you have a drink containing alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Score <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> Sub totals <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> TOTAL <input style="width: 40px; height: 20px;" type="text"/>	
2. How many standard drinks do you have on a typical day when you are drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. How often do you have six or more standard drinks on one occasion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. How often during the last year have you found that you were not able to stop drinking once you had started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Have you or someone else been injured because of your drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Supplementary Questions

	No	Probably Not	Unsure	Possibly	Definitely
Do you think you presently have a problem with drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Very easy</i>	<i>Fairly easy</i>	<i>Neither difficult nor easy</i>	<i>Fairly difficult</i>	<i>Very difficult</i>
In the next 3 months, how difficult would you find it to cut down or stop drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How to score and interpret the AUDIT

The World Health Organization's Alcohol Use Disorders Identification Test (AUDIT) is a very reliable and simple screening tool which is sensitive to early detection of risky and high risk (or hazardous and harmful) drinking. It has three questions on alcohol consumption (**1 to 3**), three questions on drinking behaviour and dependence (**4 to 6**) and four questions on the consequences or problems related to drinking (**7 to 10**).

The **Supplementary Questions** do not belong to the AUDIT and are **not** scored. They provide useful clinical information associated with the client's perception of whether they have an alcohol problem and their confidence that change is possible in the short-term. They act as an indication of the degree of intervention required and provide a link to counselling or brief intervention following feedback of the AUDIT score to the client.

Scoring the AUDIT

- The columns in the AUDIT are scored from left to right.
- **Questions 1 to 8** are scored on a five-point scale from **0, 1, 2, 3, and 4**.
- **Questions 9 & 10** are scored on a three -point scale from **0, 2 and 4**.
- Record the score for each question in the "**score**" column on the right, including a zero for questions **2 to 8** if 'skipped'.
- Record a total score in the "**TOTAL**" box at the bottom of the column. The maximum score is 40.

Consumption score

Add up **questions 1 to 3** and place this sub-score in the adjacent single box in the far right column (maximum score possible = 12). A score of 6 or 7 may indicate a risk of alcohol-related harm, even if this is also the total score for the AUDIT (e.g. consumption could be over the recommended weekly intake of 28 for men and 14 for females in the absence of scoring on any other questions). Drinking may also take place in dangerous situations (e.g. driving, fishing/boating). Scores of 6 to 7 may also indicate potential harm for those groups more susceptible to the effects of alcohol, such as young people, women, the elderly, people with mental health problems and people on medication. Further inquiry may reveal the necessity for harm reduction advice.

Dependence score

Add up **questions 4 to 6** and place this sub-score in the adjacent single box in the far right column (maximum score possible = 12). In addition to the total AUDIT score, a secondary 'dependence' score of 4 or more as a subtotal of questions 4 to 6, suggests the possibility of alcohol dependence (and therefore the need for more intensive intervention if further assessment confirms dependence).

Alcohol-related problems score

Any scoring on **questions 7 to 10** warrants further investigation to determine whether the problem is of current concern and requires intervention.

<i>AUDIT Total score</i>	<i>Dependence score</i>	<i>Risk level</i>	<i>Possible Interventions</i>
0 - 7	below 4	Low-risk	<ul style="list-style-type: none"> • Use 'Right Mix' materials to reinforce low-risk drinking, particularly for those who previously had alcohol problems or whose circumstances may change. • Harm reduction advice may be appropriate for those in susceptible groups (see 'Consumption Score' above).
8 - 15	below 4	Risky or hazardous level. Moderate risk of harm. May include some clients currently experiencing harm (especially those who have minimised their reported intake and problems).	<ul style="list-style-type: none"> • Brief Intervention <ul style="list-style-type: none"> - feedback of AUDIT and harm reduction advice may be sufficient Ideally also: <ul style="list-style-type: none"> - setting goals and limits - a motivational interview - self-monitoring of drinking - use of "The Right Mix" self-help guide • Counselling may be required.
	4 or more	Assess for dependency	
16 - 19	below 4	High-risk or harmful level. Drinking that will eventually result in harm, if not already doing so. May be dependent.	<ul style="list-style-type: none"> • Brief Intervention (all components) is a minimum requirement. • Assessment for more intensive intervention. • Counselling using CBT principles and motivational interviewing in individual sessions and/or in groups. • Follow-up and referral where necessary.
	4 or more	Assess for dependence	
20 or more	below 4	High-risk Definite harm, also likely to be alcohol dependent. Assess for dependence.	<ul style="list-style-type: none"> • Further assessment preferably including family and significant others. • More intensive counselling and/or group program. • Consider referral to medical or specialist services for withdrawal management.
	4 or more	Almost certainly dependent. Assess for dependency.	<ul style="list-style-type: none"> • Pharmacotherapy to manage cravings. • Relapse prevention, longer-term follow-up and support.