

Name (Please Print) \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

## Alcohol screening questionnaire (AUDIT) + 1 Question Drug Use

We ask all patients about alcohol and drug use at least once a year. Both can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

One drink equals:



12 oz.  
beer



5 oz.  
wine



1.5 oz.  
liquor  
(one shot)

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?	0 - 2	3 or 4	5 or 6	7 - 9	10 or more
3. How often do you have Six 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

0

1

2

3

4

Have you ever been in treatment for an alcohol problem? ☐ Never ☐ Currently ☐ In the past

**Drugs:** Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

**None      1 or More**

How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons?	<input type="radio"/>	<input type="radio"/>
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**For Office Use Only:** Total Score: \_\_\_\_\_

PCP Initials: \_\_\_\_\_

## CCP/ CMG EMR PHQ-9 Scoring and Clinical Use

### Scoring

- A total AUDIT score of  $\geq 8$  considered a positive screen.
  - The AUDIT has been validated across genders and in a wide range of racial/ethnic groups and is well-suited for use in primary care settings
- Add up all X ed boxes on the screen (questions 1-10) for a total score.

### Interpreting the Score for Alcohol Risk and Pathway

Total Score	Result	Dependence Score	Alcohol Risk	Proposed Intervention/ Pathway
0 – 7	Negative screen	0 – 7	<b>I – Low risk</b> (low risk of health problems related to alcohol use)	<ul style="list-style-type: none"> <li>Brief education</li> </ul>
8 -15	Positive screen	Below 4	<b>II - Risky</b> (increased risk of health problems related to alcohol use)	<ul style="list-style-type: none"> <li>Brief intervention performed by BHC or PCP</li> <li>Referral to BHC</li> </ul>
		Above 4	Assess for dependency	
16 - 19	Positive screen	Below 4	<b>III - Harmful</b> (increased risk of health problems related to alcohol use and a possible mild or moderate alcohol use disorder)	<ul style="list-style-type: none"> <li>Brief intervention performed by BHC or PCP</li> <li>Referral to BHC or Specialized treatment</li> </ul>
		Above 4	May be dependent. Assess for dependence	
20 or more	Positive screen	Below 4	<b>IV - Severe</b> (increased risk of health problems related to alcohol use and a possible moderate or severe alcohol use disorder)	<ul style="list-style-type: none"> <li>Brief intervention performed by BHC or PCP</li> <li>Referral to specialized treatment</li> </ul>
		4 or more	<b>Almost certainly dependent.</b> Assess for dependency	
Total Score	Result		Drug Risk	Proposed Intervention/ Pathway
1 or more	Positive screen	N/A	Must move on to administer full DAST	

### **Additional Scoring Considerations:**

**Dependence score:** 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). 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).

**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.

**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.