USAUDIT Questionnaire

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Questions | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 1. How often do you have a drink containing alcohol?
 | Never | Less than monthly | Monthly | Weekly | 2-3 times a week | 4-6 times a week | Daily |
| 1. How many drinks containing alcohol do you have on a typical day you are drinking?
 | 1 drink | 2 drinks | 3 drinks | 4 drinks | 5-6 drinks | 7-8 drinks | 10 or more drinks |
| 1. How often do you have X (5 for men; 4 for women & men over age 65) or more drinks on one occasion?
 | Never | Less than monthly | Monthly | Weekly | 2-3 times a week | 4-6 times a week | Daily |
| 1. 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 |  |  |
| 1. How often during the past year have you failed to do what was expected of you because of drinking?
 | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |  |
| 1. How often during the past year have you needed a drink first thing in the morning to get yourself going after a heavy drinking session?
 | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |  |
| 1. How often during the past year have you had a feeling of guilt or remorse after drinking?
 | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |  |
| 1. How often during the past year have you been unable to remember what happened the night before because you had been drinking?
 | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |  |
| 1. Have you or someone else been injured because of your drinking?
 | No |  | Yes, but not in the past year |  | Yes, during the past year |  |  |
| 1. Has a relative, friend, doctor, or other health care worker been concerned about your drinking and suggested you cut down?
 | No |  | Yes, but not in the past year |  | Yes, during the past year |  |  |

 **Instructions:** Alcohol can affect your health, medications, and treatments, so we ask patients the following questions. Your answers will remain confidential. Place an X in one box to answer. Think about your drinking **in the past year.** A drink means one beer, one small glass of wine (5 oz.), or one mixed drink containing one shot (1.5 oz.) of spirits.

**Scoring the USAUDIT**

|  |  |  |  |
| --- | --- | --- | --- |
| Risk Level | Intervention | USAUDIT Score | Possible AUD (DSM-5, ICD-10) |
| Zone I | Feedback | 0-6/7 (Women/Men) | None |
| Zone II | Feedback | 7/8-15 (Women/Men) | Mild AUD, hazardous use |
| Zone III | Feedback/monitoring brief outpatient treatment | 16-19 | Moderate AUD, harmful use |
| Zone IV | Referral to evaluation and treatment | 20-40 | Moderate/severe AUD, alcohol dependence |

**SCORE: \_\_\_\_\_\_\_\_\_**

**USAUDIT-C**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Questions | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 1. How often do you have a drink containing alcohol?
 | Never | Less than monthly | Monthly | Weekly | 2-3 times a week | 4-6 times a week | Daily |
| 1. How many drinks containing alcohol do you have on a typical day you are drinking?
 | 1 drink | 2 drinks | 3 drinks | 4 drinks | 5-6 drinks | 7-8 drinks | 10 or more drinks |
| 1. How often do you have X (5 for men; 4 for women and men over age 65) or more drinks on one occasion?
 | Never | Less than monthly | Monthly | Weekly | 2-3 times a week | 4-6 times a week | Daily |

**SCORE: \_\_\_\_\_\_\_\_**

**Scoring the USAUDIT-C:**

* A total of 7 or more for women and men over age 65 is a positive risk indicator
* A total of 8 or more for younger males is a positive risk indicator