ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)

Read questions as written. Record answers carefully. Begin the AUDIT by saying “Now I am going to ask you some questions about your use of alcoholic beverages during this past year.” Explain what is meant by “alcoholic beverages” by using local examples of beer, wine, vodka, etc. Please Note: Alcohol is inclusive of: beer, wine, liquor or any other alcoholic beverage.

1. How often do you have a drink containing alcohol?
   (0) Never        (1) Monthly        (2) 2-4 times a month        (3) 2-3 times a week        (4) 4 or more times a week
2. How many drinks contain alcohol do you have on a typical day when you are drinking?
   (0) 1-2          (1) 3 or 4         (2) 5 or 6                   (3) 7-9                      (4) 10 or more
3. How often do you have six or more drinks on one occasion?
   (0) never        (1) less than monthly (2) monthly                  (3) weekly                   (4) daily or almost daily
4. How often during the last year have you found that you were unable to stop drinking once you started?
   (0) never        (1) less than monthly (2) monthly                  (3) weekly                   (4) 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?
   (0) never        (1) less than monthly (2) monthly                  (3) weekly                   (4) 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?
   (0) never        (1) less than monthly (2) monthly                  (3) weekly                   (4) daily or almost daily
7. How often during the last year have you felt guilt or remorse after drinking?
   (0) never        (1) less than monthly (2) monthly                  (3) weekly                   (4) daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of drinking?
   (0) never        (1) less than monthly (2) monthly                  (3) weekly                   (4) daily or almost daily
9. Have you or someone else been injured as a result of your drinking?
   (0) no           (2) yes, but not in the last year  (4) yes, during the last year
10. Has a friend, relative, or doctor or other health worker been concerned about your drinking or suggested you cut down?
     (0) no           (2) yes, but not in the last year  (4) yes, during the last year

Total Score: _____________________

[Saunders JB, Aasland OG, Babor TF et al. Development of the alcohol use disorders identification test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption]

SCORING THE AUDIT

Scores for each question range from 0 to 4, with the first response for each question (eg never) scoring 0, the second (eg less than monthly) scoring 1, the third (e.g. monthly) scoring 2, the fourth (e.g. weekly) scoring 3, and the last response (e.g. daily or almost daily) scoring 4. For questions 9 and 10, which only have three responses, the scoring is 0, 2 and 4 (from left to right).

A score of 8 or more meets the criteria for a positive screen, refer the individual to the Qualified Professional Substance Abuse for further assessment. (Refer an individual under age 21 with a score of 1 or more to the Qualified Professional Substance Abuse for further assessment.)
The following questions concern information about your possible involvement with drugs not including alcoholic beverages during the past 12 months.

"Drug abuse" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

1. Have you used drugs other than those required for medical reasons?  
   Yes  No

2. Do you abuse more than one drug at a time?  
   Yes  No

3. Are you always able to stop using drugs when you want to?  
   Yes  No

4. Have you ever had blackouts or flashbacks as a result of drug use?  
   Yes  No

5. Do you ever feel bad or guilty about your drug use?  
   Yes  No

6. Does your spouse (or parents) ever complain about your involvement with drugs?  
   Yes  No

7. Have you neglected your family because of your use of drugs?  
   Yes  No

8. Have you engaged in illegal activities in order to obtain drugs?  
   Yes  No

9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?  
   Yes  No

10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?  
    Yes  No

Score: ________ (A score of 3 or more, refer the individual for Work First Program Substance Use Testing.)

SCORING THE DAST-10

For the DAST-10, score 1 point for each question answered "yes," except for Question 3 for which a "no point" receives 1.

DAST-10 INTERPRETATION

<table>
<thead>
<tr>
<th>Score</th>
<th>Degree of Problems Related to Drug Abuse</th>
<th>Suggested Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No problems reported</td>
<td>none at this time</td>
</tr>
<tr>
<td>1-2</td>
<td>Low level</td>
<td>monitor, re-assess at a later date</td>
</tr>
<tr>
<td>3-5</td>
<td>Moderate level</td>
<td>further investigation</td>
</tr>
<tr>
<td>6-8</td>
<td>Substantial level</td>
<td>intensive assessment</td>
</tr>
<tr>
<td>9-10</td>
<td>Severe level</td>
<td>intensive assessment</td>
</tr>
</tbody>
</table>

Applicant/Recipient Name ___________________________________________  Date ___________