### AUDIT

**Check the box that best describes your answer for the period covering the past 12 months.**

**For Staff Use Only**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td>Never, Monthly or less, 2 to 4 times a month, 2 to 4 times a month (days a week)</td>
</tr>
<tr>
<td>2. How many drinks* containing alcohol do you have on a typical day when you are drinking?</td>
<td>None, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12+</td>
</tr>
<tr>
<td>3. For women: How often do you have 4 or more drinks a day?</td>
<td>Never, Less than monthly, Monthly, Weekly, Daily or almost daily</td>
</tr>
<tr>
<td>4. How often during the last year have you found that you were not able to stop drinking once you started?</td>
<td>Never, Less than monthly, Monthly, Weekly, Daily or almost daily</td>
</tr>
<tr>
<td>5. How often during the last year have you failed to do what was normally expected from you because of drinking?</td>
<td>Never, Less than monthly, Monthly, Weekly, Daily or almost daily</td>
</tr>
<tr>
<td>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?</td>
<td>Never, Less than monthly, Monthly, Weekly, Daily or almost daily</td>
</tr>
<tr>
<td>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never, Less than monthly, Monthly, Weekly, Daily or almost daily</td>
</tr>
<tr>
<td>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</td>
<td>Never, Less than monthly, Monthly, Weekly, Daily or almost daily</td>
</tr>
<tr>
<td>9. Have you or has someone else been injured as a result of your drinking?</td>
<td>No, Yes, but not in the last year, Yes, during the last year</td>
</tr>
<tr>
<td>10. Has a relative or a friend or a doctor or other health worker been concerned about your drinking or suggested you cut down?</td>
<td>No, Yes, but not in the last year, Yes, during the last year</td>
</tr>
</tbody>
</table>

**Total AUDIT Score:**

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### Screening Form 2011

**NASD National Alcohol Screening Day**

1. Age: [ ]
2. Sex: [ ] Male  [ ] Female
3. Current Marital Status: [ ] Married / Living with partner  [ ] Divorced / Separated  [ ] Widowed
4. Branch: [ ] Air Force  [ ] Army  [ ] Marine Corps  [ ] Coast Guard  [ ] Navy  [ ] Other
5. Military Status: [ ] Military Member - Active Duty  [ ] Military Member - Reserve  [ ] Military Member - Guard  [ ] Military Member - Retired  [ ] Military Member - Veteran  [ ] Family Member - Active Duty
6. What is your paygrade/rank or the paygrade/rank of your sponsor? E1  E2  E3  E4  E5  E6  E7  E8  E9  E10
7. How many OCONUS deployments have you or your sponsor had since September, 2001? 0  1  2  3  4  5 or more
8. How many CONUS deployments or mobilizations have you or your sponsor had since September, 2001? 0  1  2  3  4  5 or more

**Screening Recommendation - To be filled out by clinician**

- [ ] No follow-up
- [ ] Advised talking with health provider
- [ ] Advised reducing drinking levels
- [ ] Advised stop drinking
- [ ] Outpatient referral
- [ ] Inpatient referral

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*Provided by Screening for Mental Health, Inc. The Alcohol Use Disorders Identification Test (AUDIT) is designed for screening purposes only and is not to be used as a diagnostic tool. Funded by Force Health Protection and Readiness, Office of the Assistant Secretary of Defense, Health Affairs.*
**NATIONAL ALCOHOL SCREENING DAY® AUDIT SCORING INSTRUCTIONS**

Please record each question’s score in the right column of the SCREENING FORM marked “For Staff Use Only.” Once you have scored the Screening Form, refer to the enclosed Scoring Interpretation to understand the participant’s score and for suggested Action Steps.

### QUESTIONS 1 - 10

1. **How often do you have a drink containing alcohol?**
   - Never: 0
   - Monthly or less: 1
   - 2-4 times a month: 2
   - 2-3 days a week: 3
   - 4, 5, 6, or 7 days a week: 4

2. **How many drinks containing alcohol do you have on a typical day when you are drinking?**
   - 0, 1, or 2 drinks: 0
   - 3 or 4 drinks: 1
   - 5 or 6 drinks: 2
   - 7, 8, or 9 drinks: 3
   - 10 drinks and above: 4

3. **For women: How often do you have 4 or more drinks a day?**
   - Never: 0
   - Less than monthly: 1
   - Monthly: 2
   - Weekly: 3
   - Daily or almost daily: 4

   **For men: How often do you have 5 or more drinks a day?**
   - Never: 0
   - Less than monthly: 1
   - Monthly: 2
   - Weekly: 3
   - Daily or almost daily: 4

4. **How often during the last year have you found that you were not able to stop drinking once you started?**
   - Never: 0
   - Less than monthly: 1
   - Monthly: 2
   - Weekly: 3
   - Daily or almost daily: 4

5. **How often during the last year have you failed to do what was normally expected from you because of drinking?**
   - Never: 0
   - Less than monthly: 1
   - Monthly: 2
   - Weekly: 3
   - Daily or almost daily: 4

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: 0
   - Less than monthly: 1
   - Monthly: 2
   - Weekly: 3
   - Daily or almost daily: 4

7. **How often during the last year have you had a feeling of guilt or remorse after drinking?**
   - Never: 0
   - Less than monthly: 1
   - Monthly: 2
   - Weekly: 3
   - Daily or almost daily: 4

8. **How often during the last year have you been unable to remember what happened the night before because you had been drinking?**
   - Never: 0
   - Less than monthly: 1
   - Monthly: 2
   - Weekly: 3
   - Daily or almost daily: 4

9. **Have you or has someone else been injured as a result of your drinking?**
   - No: 0
   - Yes, but not in the last year: 2
   - Yes, during the last year: 4

10. **Has a relative, friend, doctor, or other health worker been concerned about your drinking or suggested you cut down?**
    - No: 0
    - Yes, but not in the last year: 2
    - Yes, during the last year: 4

### QUESTIONS 11-16:

Please refer to Step Three of the enclosed AUDIT Scoring Interpretation for explanations and Action Steps regarding questions 11-16.

**THANK YOU! YOU HAVE FINISHED SCORING THE PARTICIPANT’S SCREENING FORM. PLEASE REFER TO THE ENCLOSED SCORING INTERPRETATION FOR MORE INFORMATION AND SUGGESTED ACTION STEPS.**
Interpreting The AUDIT and Giving Feedback to Participants
National Alcohol Screening Day®

STEP ONE  Analyze the participant's AUDIT score.
Refer to the "Total AUDIT Score" on the scored screening form.

<table>
<thead>
<tr>
<th>Score &amp; Interpretation</th>
<th>Action Steps</th>
</tr>
</thead>
</table>
| 8-18                   | - Express concern for the participant’s health.  
- Advise the participant to cut back or stop drinking.  
- Advise him or her to see a physician or other health professional to discuss their drinking. |
| 19-40                  | - Advise the participant to stop drinking, or at least cut back.  
- Make a referral for the participant to see a health care provider or treatment specialist to evaluate for possible alcohol diagnosis.  
- Call SAMHSA’s 1-800-662-HELP or visit [http://findtreatment.samhsa.gov](http://findtreatment.samhsa.gov) to find local providers. |

STEP TWO  Check for other drinking risk factors and give feedback.
Refer to participant responses to Questions 1, 11 – 16 on the AUDIT.

<table>
<thead>
<tr>
<th>Potential Risk Factor</th>
<th>Feedback for Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1: Age</td>
<td>If the participant is age 65 or over, advise no more than 1 drink a day.</td>
</tr>
<tr>
<td>Question 11: Medication interactions with alcohol</td>
<td>If participant is taken medication, recommend seeking advice from a physician or pharmacist about possible medications interactions.</td>
</tr>
<tr>
<td>Question 12: Family history</td>
<td>Advise that the risk for problem drinking and alcoholism is greater in individuals who have a first degree relative (father, mother, sister, or brother) who have a drinking problem.</td>
</tr>
<tr>
<td>Question 13: Pregnancy/Breastfeeding</td>
<td>Advise that there is no known safe level of alcohol use for pregnant or breastfeeding women.</td>
</tr>
<tr>
<td>Question 14: Current or past alcohol treatment</td>
<td>Advise there are no known safe drinking amounts for those who are being treated for an alcohol problem or who have received alcohol treatment in the past.</td>
</tr>
<tr>
<td>Question 15: Drinking and driving</td>
<td>Advise that people who plan to drive or engage in other activities that require alertness and skill (such as using high-speed machinery) should not drink at all.</td>
</tr>
<tr>
<td>Question 16: Medical or mental health condition</td>
<td>Advise participants with a medical or mental health condition to talk with a health or mental health provider before drinking any amount of alcohol.</td>
</tr>
</tbody>
</table>

STEP THREE  Ask the Quantity - Frequency Questions.

<table>
<thead>
<tr>
<th>Weekly Average</th>
<th>If you Receive These Answers</th>
<th>Then...</th>
</tr>
</thead>
</table>
| a. How often?  
On average, how many days a week do you drink alcohol? | From Men | From Women | From Older Adults |
| b. How much?  
On a typical day when you drink how many drinks do you have? | More than 14 | More than 7 | No weekly limit* |

<table>
<thead>
<tr>
<th>Daily Maximum</th>
<th>The participant may be at risk for developing alcohol-related problems.</th>
</tr>
</thead>
</table>
| How much?  
What is the maximum number of drinks you had on any given day in the last month? | More than 4 | More than 3 | More than 1 |

* If over age 65, frail, or taking medications that interact with alcohol, people may have problems at lower drinking levels.
TIPS FOR GIVING FEEDBACK TO SCREENING PARTICIPANTS
For all staff who will be conducting screening interviews

1. Remember that the AUDIT is a screening tool and cannot be used to make a diagnosis.

2. The higher the AUDIT score, the more likely it is that the participant may be experiencing alcohol abuse or dependence, and the greater the need to refer for further evaluation.

3. It is important to give clear advice to all participants about what constitutes at-risk drinking. Refer to Step Three of the Scoring Interpretation to determine if the participant is drinking at risk. Note: For some individuals, there may be no safe level of drinking. This includes individuals who have been diagnosed with or treated for an alcohol problem and those who have additional risks (See Step Two of the Scoring Interpretation).

4. Each individual is going to be at a different stage of readiness to make changes regarding his or her drinking. Do not be discouraged if patients are not ready to take immediate action. By offering your advice, you have prompted participants to think more seriously about their drinking behavior.

5. When conducting the screening interview, have on-hand copies of relevant education materials from your screening kit to provide to participants based on AUDIT score, responses to Questions 11-16 on the screening form, and the quantity and frequency of their drinking.

6. Also, make sure you have on-hand a referral list of treatment specialists to give to participants whose scores indicate need for further assessment. (See your NASD Event Manual for sample referral list.) Visit http://findtreatment.samhsa.gov to locate treatment specialists in your area.