

## Alcohol Use Disorder Identification Test (AUDIT/AUDIT-C) Interview Version

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. (see below, What is a Standard Drink?) Code answers in terms of “standard drinks”. Place the correct answer number in the box at the right.

Questions*	0	1	2	3	4	Score
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4 or more times per week	
2. How many drinks containing alcohol do you have on a typical day of drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 +	
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>AUDIT-C Score (add items 1-3)</b> <i>Positive screen=4 men/3 women and adults over age 65</i>						
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, during 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, during the last year	
<b>AUDIT Score (add items 1-10)</b>						








\*Questions that use the term "alcohol" refer to any form of alcohol, including beer, wine, liquor, or any other alcoholic beverage.

### AUDIT Scoring

- ◆ Questions 1–8 are scored 0, 1, 2, 3, or 4 points. Questions 9 and 10 are scored 0, 2, or 4 only.
- ◆ Scores are generated by adding up points.
- ◆ AUDIT-C score of 4+ for men, and 3+ for women and anyone over age 65 indicates a positive alcohol prescreen (older adult cut-off adapted to reflect U.S. recommended guidelines).
- ◆ AUDIT score of 8+ generally indicates at-risk, harmful, or hazardous drinking.

## What's a Standard Drink?

Below is information on what defines a standard drink in the U.S. People often are unaware of what a standard drink is and underestimate their consumption when responding to screening items such as “How many drinks containing alcohol do you have on a typical day of drinking?” The standard drink table below can be used during screening to help a person more accurately quantify the amount of alcohol consumed.

<p><b>12 oz. of beer or cooler</b></p>	<p><b>8-9 oz. of malt liquor</b> 8.5 oz. shown in a 12-oz. glass that, if full, would hold about 1.5 standard drinks of malt liquor</p>	<p><b>5 oz. of table wine</b></p>	<p><b>3-4 oz. of fortified wine</b> (such as sherry or port) 3.5 oz. shown</p>	<p><b>2-3 oz. of cordial, liqueur, or aperitif</b> 2.5 oz. shown</p>	<p><b>1.5 oz. of brandy</b> (a single jigger)</p>	<p><b>1.5 oz. of spirits</b> (a single jigger of 80-proof gin, vodka, whiskey, etc.) Shown straight and in a highball glass with ice to show level before adding mixer*</p>
						
<b>12 oz.</b>	<b>8.5 oz</b>	<b>5 oz.</b>	<b>3.5 oz.</b>	<b>2.5 oz.</b>	<b>1.5 oz.</b>	<b>1.5 oz.</b>

### AUDIT/AUDIT-C:

- ◆ Developed by the World Health Organization (WHO) [http://whqlibdoc.who.int/hq/2001/WHO\\_MSĐ\\_MSB\\_01.6a.pdf](http://whqlibdoc.who.int/hq/2001/WHO_MSĐ_MSB_01.6a.pdf)
- ◆ Detects alcohol problems experienced in the last year.
- ◆ Administered quickly (verbally, written, or by computer) in < 5 min.
- ◆ AUDIT-C (items 1-3) administered in ~1-2 min. as a *prescreen* to see if further screening (items 4-10) is needed.
- ◆ The full AUDIT is 10 items. “Box 2” shows item domain and content.

<b>Box 2</b>		
<b>Domains and Item Content of the AUDIT</b>		
<b>Domains</b>	<b>Question Number</b>	<b>Item Content</b>
Hazardous Alcohol Use	1	Frequency of drinking
	2	Typical quantity
	3	Frequency of heavy drinking
Dependence Symptoms	4	Impaired control over drinking
	5	Increased salience of drinking
	6	Morning drinking
Harmful Alcohol Use	7	Guilt after drinking
	8	Blackouts
	9	Alcohol-related injuries
	10	Others concerned about drinking

## AUDIT Scores & Recommended Level of Intervention

### World Health Organization (WHO) original:

AUDIT score	Risk Level	Intervention
0-7	Zone I	Alcohol education
8-15	Zone II	Simple advice
16-19	Zone III	Simple advice plus brief intervention and follow-up with continued monitoring if possible
20-40	Zone IV	Referral to a specialist for diagnostic evaluation and treatment

### Workplace Adaptations Tested in EAP/MBHO Settings:

Risk	Intervention (3 levels)	AUDIT score
Level I - Low	<ul style="list-style-type: none"> <li>▪ Alcohol Education</li> </ul>	0-7
Level II - Moderate	<ul style="list-style-type: none"> <li>▪ Alcohol Education</li> <li>▪ Normative Feedback</li> <li>▪ Simple Advice</li> <li>▪ Brief Intervention (with/without MI-informed - focused on behavior change)</li> <li>▪ Follow-up</li> </ul>	8-19
Level III- High	<ul style="list-style-type: none"> <li>▪ Alcohol Education</li> <li>▪ Normative Feedback</li> <li>▪ Simple Advice</li> <li>▪ Brief Intervention (with/without MI-informed – focused on connecting to referral)</li> <li>▪ Referral to Specialist for Diagnostic Evaluation and Treatment</li> <li>▪ Follow-up</li> </ul>	20-40

For more information about screening, brief intervention, and referral to treatment (SBIRT) for alcohol, drugs, tobacco, and depression, please contact Dr. Tracy McPherson at [esap1234@gmail.com](mailto:esap1234@gmail.com).



## List of Sample Alcohol SBIRT Protocols

- ✚ **"SBIRT Basic - AUDIT-C Protocol w/Scripting"** is a simple, straight-forward protocol that includes alcohol prescreen using AUDIT-C and a very brief alcohol intervention that a paraprofessional or professional could deliver to anyone calling into the EAP for mental health (non-emergent) or worklife issue. It is focused on evidence-based SBIRT practices/procedures and does not require Motivational Interviewing skills/training to deliver.
- ✚ **"SBIRT Basic AUDIT with 3 Risk Levels"** is very similar to the first sample SBIRT Basic protocol. The difference is this one includes the full 10-item AUDIT screen (rather than just the AUDIT-C 3-item prescreen) and it shows how to use the total AUDIT score to determine level of risk (low, moderate, and high) (rather than using just prescreen negative, prescreen positive).
- ✚ **"SBIRT MI-Informed AUDIT with 3 Risk Levels"** is significantly different from any "SBIRT Basic" protocols in that the intervention is "MI-Informed" (the others are not) in that motivational interviewing strategies are embedded throughout to facilitate engagement in discussions aimed at behavior change and motivating clients to take the next step (e.g., cut back, connect with the referral source). It requires fundamental MI skill set.
- ✚ **"SBIRT Basic Follow-up (Administrative & Clinical) AUDIT-C Protocol w/Scripting"** is used for delivering administrative/service follow-up at 7-14 days post intake and clinical follow-up at 30, 45, 60, and/or 90 days or more. "Administrative" and "Clinical" do not refer to the staff person conducting the follow-up. It refers to the type of encounter with the client. Integration within existing follow-up procedures (proximal and distal) may be most efficient.

***For more information about Alcohol SBIRT protocols, please contact Dr. Tracy McPherson at George Washington University, Center for Integrated Behavioral Health Policy and Ensuring Solutions to Alcohol Problems at [esap1234@gmail.com](mailto:esap1234@gmail.com) or 202-994-4307.***

**Open by saying:** “How can I help you today?...proceed with Intake

**Introduce screening by saying:** “We ask all our clients intake questions to help us better understand who you are and what your needs might be. As part of our holistic approach and as a preventive measure, we also ask some screening questions of all our members. Your answers will remain confidential”...proceed with screening [embed alcohol questions, e.g., start with depression, go to alcohol, drug use, then close with stress]

**Conduct AUDIT-C Hazardous Use Prescreen (3 questions)**

Q1: Frequency of drinking  
 Q2: Quantity in a typical day  
 Q3: Frequency of heavy use  
 Record responses and add Q1+Q2+Q3, then Enter AUDIT-C score  
 If client refuses at any point, indicate “Refused AUDIT-C”

**If AUDIT-C = <4 for men, <3 for women and adults over age 65**

**Follow NEGATIVE PRESCREEN Procedures:**

- AUDIT-C score feedback
- Alcohol education
- Normative feedback

**Brief Intervention RESPONSE**

• “From your responses, your drinking is in a healthy range, which means that you are at lower risk for many health and emotional concerns than those who drink at higher ranges. The U.S. recommended guidelines for low-risk drinking for women and adults over 65 is no more than 1 drink per day or 7 drinks per week, and for men no more than 2 drinks per day or 14 drinks per week. Most people, about 72% of adults in the U.S. never exceed these daily or weekly limits. Would you like me to send you some more information on healthy drinking patterns?”

If yes, offer to email booklet and links

- [“Tips for Cutting Down on Drinking”](http://pubs.niaaa.nih.gov/publications/Tips/tips.pdf) booklet
- EAP website

Document “BI provided” or “BI refused”  
 Document “alcohol education materials provided”

Close alcohol SBI:

- “Thank you for taking a few minutes to talk with me.”

**STOP alcohol BI, continue EAP intake**

**If AUDIT-C = 4+ for men, 3+ for women and adults over age 65**

**Follow POSITIVE PRESCREEN Procedures:**

- **Complete remaining AUDIT items Q4 – Q10**
- Record responses and add ALL AUDIT items (Q1-Q10), Enter total score
- Identify Level of Risk (Low, Moderate, High)
- If member refuses at any point, indicate “Member refused AUDIT”

Risk Level	Intervention	AUDIT score*
Level I - Low Risk	<ul style="list-style-type: none"> <li>▪ AUDIT score feedback</li> <li>▪ Alcohol Education</li> <li>▪ Normative Feedback</li> </ul> [no follow-up]	0-7
Level II - Moderate Risk	<ul style="list-style-type: none"> <li>▪ AUDIT score feedback</li> <li>▪ Alcohol Education</li> <li>▪ Normative Feedback</li> <li>▪ Simple Advice</li> <li>▪ Referral to EAP Provider and/or other resources</li> <li>▪ Schedule Follow-up</li> </ul>	8-19
Level III- High Risk	<ul style="list-style-type: none"> <li>▪ AUDIT score feedback</li> <li>▪ Alcohol Education</li> <li>▪ Normative Feedback</li> <li>▪ Simple Advice</li> <li>▪ Referral to Appropriate Level of Care (Specialist for Dx Eval, Tx, Alc DM, Community Resources)</li> <li>▪ Schedule Follow-up</li> </ul>	20-40

Level I  
See “Follow Negative Prescreen”

Level II  
Continue to “Brief Intervention Response”

Level III  
Continue to “Brief Intervention Response”

**Level II/Moderate**  
(Score 8-19)

**Level III/High**  
(Score 20-40)

**MI-Informed Brief Intervention for Risky Drinking RESPONSE ....**

**Use your MI skills (OARS) to engage the member in conversation about alcohol use...**

- ✓ **O**pen-ended Questions
- ✓ **A**ffirming Statements
- ✓ **R**eflective Listening
- ✓ **S**ummarizing

**AUDIT Score Feedback...in a non-judgmental manner**

- "From your responses, your drinking puts you at higher risk for many health and emotional concerns than those who drink at lower ranges. These questions have been given to thousands of people, so you can compare your drinking to others. Your score was [#]...on a scale of 0-40 which places you in the category of [moderate or high] risk.

**Ask permission to continue discussion about alcohol:**

- "Would you mind if we spent just a few more minutes talking about your use of alcohol?"

**Explore member concerns, understand what they know:**

- "As I mentioned, your score was [#]...on a scale of 0-40 which places you in the category of [Low, Moderate, or High] risk."
- "What do you make of your score?"
- "What do you already know about how alcohol affects your health?"
- "What have you heard about what 'healthy' drinking is?"

**Alcohol Education**

- "Unhealthy alcohol use can put you at risk for injury, accidents, and health problems such as diabetes, cancer, insomnia, high blood pressure, stroke, heart and gastrointestinal problem, depression and other conditions."
- "Would you be interested in knowing what the US guidelines are for low-risk drinking?"
- "The U.S. recommended guidelines for low-risk drinking for women and adults over the age of 65 is no more than 1 drink per day (or 7 drinks per week) and for men no more than 2 drinks per day (or 14 drinks per week).

**Normative Feedback**

- "Most people, about 72% of adults in the U.S. never exceed these daily or weekly limits."

**Simple Advice**

- "Reducing your alcohol consumption to safer drinking levels can decrease your risk."

**Explore Ambivalence (Pros and Cons):**

- "What do you like about drinking?"
- "What do you like less about drinking?"
- "Okay, so on the one hand.....but on the other hand..."

AFFIRM, REFLECT BACK, SUMMARIZE  
(*"Does that sound right to you?"*)

**Explore Importance/Confidence (readiness to change):**

- "On a scale of 1-10, where 1 is 'not at all important' and 10 is 'very important', how important is it to you to ... (e.g., change your drinking, cut back)?"
- "Why did you give it that number and not a lower number?"
- "What would it take to raise that number?"
- "On a scale of 1-10, where 1 is 'not at all confident' and 10 is 'very confident', how confident are you that you could make this change successfully?"
- "Why did you give it that number and not a lower number?"
- "What would it take to raise that number?"

AFFIRM, REFLECT BACK, SUMMARIZE  
(*"Does that sound right to you?"*)

**Explore Goals and Summarize:**

- "Where does this leave you? Do you want to quit, cut down, make no change?"
- "Would you like some suggestions on how to do this?" (e.g., cut back, abstain, limit to no more than 1 drink per day, alternate with healthier non-alcoholic beverage or replace with activity like walking).
- What other changes do you want to make [e.g., not drink and drive, seek help]?
- "What is your next step? How will you do that? Who will you ask to help you? What might get in the way? How will you deal with those challenges?"

AFFIRM, REFLECT BACK, SUMMARIZE  
(*"Does that sound about right?"*)

**Provide Alcohol Educational Materials**

- "Could I send you some information about healthy drinking?"

If yes, offer to email booklets and links to websites:

- [Rethinking Drinking](http://pubs.niaaa.nih.gov/publications/RethinkingDrinking/Rethinking_Drinking.pdf) booklet
- [Rethinking Drinking: Alcohol and Your Health](http://rethinkingdrinking.niaaa.nih.gov/) website
- ["Tips for Cutting Down on Drinking"](http://pubs.niaaa.nih.gov/publications/Tips/tips.pdf) booklet
- EAP/BH website and other materials as appropriate: (e.g., [Mixing Alcohol and Medication](#); [Alcohol and Women](#); [Young Teens and Drining](#); [Alcohol and Older Adults](#); [Prevention for Children](#))

### Close Alcohol SBI on Good Terms

**SUMMARIZE** member's statements in favor of change, emphasize strengths, and agreed on next steps.

#### Say "Thank You"

- *"Thank you for taking a few minutes to talk with me about your alcohol use. I appreciate your openness and sharing your experiences/thoughts with me today."*

Document "BI provided" or "BI refused"

Document "alcohol education materials provided"



### Ask Permission for Follow-up

- *"I would like to see how things are going for you over the next few months. Would you mind if I followed up with you? Is it okay to call your [cell phone]?"*

Document "Agreed to follow-up" or "Refused follow-up"

Set Follow-up appointment



### Provide Referral

[Note: More MI language can be crafted to facilitate connection to provider and/or engagement/retention]

#### Moderate Risk Cases (as appropriate)

Offer referral to provider for alcohol use – e.g., affiliate provider, community resource (AA)

- *"Based on the information you provided, I would encourage you to consider bringing up your alcohol use with your counselor at your next appointment."*
- *"What do you think about this? Do you have any thoughts or concerns?"*

**High Risk Cases: Referral to Specialist for Diagnostic Assessment** – e.g., addiction specialist, alcohol disease management, behavioral health provider or program, community resource (AA)

- *"Based on the information you provided, I would encourage you to consider getting additional help for dealing with issues related to alcohol. I would like to refer you/put you in touch with a provider on your health plan."*
- *"What do you think about this? Do you have any thoughts or concerns?"*

Document Referral

**STOP alcohol BI, continue EAP intake**

For more information about screening, brief intervention, and referral to treatment (SBIRT) for alcohol, drugs, tobacco, and depression; or the Brief Intervention Group (BIG) EAP Initiative, please contact Dr. Tracy McPherson at 703-582-6391 or [esap1234@gmail.com](mailto:esap1234@gmail.com).