



## ***A Personal A.U.D.I.T.***

***A.U.D.I.T. - Alcohol Use Disorders Identification Test***

You may have come to this website because you suspect that you – or someone you love – have an addiction problem. But, how can you be certain? The World Health Organization (WHO) has developed a test to help answer that question. Although it was designed originally to detect alcohol abuse, it works equally well with all addictions. If alcoholism is not the addiction that concerns you, then as you take the test, just replace the words “alcohol” and “drinks” with the particular substance that does apply.

This screening test, developed by the World Health Organization (WHO), is considered to be 92% accurate. Scoring: Add up the points associated with your answers. A total score of 8 or more indicates harmful drinking behavior. You can begin the road to effective alcohol treatment today.

### A.U.D.I.T. – Alcohol Use Disorders Identification Test

1. How often do you have a drink containing alcohol?
  - (0) Never (Skip to Questions 9-10)
  - (1) Monthly or less
  - (2) 2 to 4 times a month
  - (3) 2 to 3 times a week
  - (4) 4 or more times a week
  
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
  - (0) 1 or 2
  - (1) 3 or 4
  - (2) 5 or 6
  - (3) 7,8, or 9
  - (4) 10 or more

3. How often do you have 6 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 not able to stop drinking once you had 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 from 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 been unable to remember what happened the night before because you had been drinking?
  - (0) Never
  - (1) Less than monthly
  - (2) Monthly
  - (3) Weekly
  - (4) Daily or almost daily
  
7. How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy 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 had a feeling of guilt or remorse after 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
  - (1) Yes, but not in the last year
  - (2) Yes, during the last year
10. Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?
- (0) No
  - (1) Yes, but not in the last year
  - (2) Yes, during the last year
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Begin the road to effective alcohol treatment today!

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**Call Khalil Family Wellness & Intervention @ (586) 771-7600 for a FREE Initial Consultation, or email [lmkhalil@comcast.net](mailto:lmkhalil@comcast.net).**

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