



## ALCOHOL SCREENING

Provider: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Have you had a drink containing alcohol in the past year?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

How often have you had six or more drinks on one occasion in the past year?

\_\_\_\_\_ Never (0 points)

\_\_\_\_\_ Less than monthly (1 point)

\_\_\_\_\_ Monthly (2 points)

\_\_\_\_\_ Weekly (3 points)

\_\_\_\_\_ Daily or almost daily (4 points)

If you drink, how many drinks do you have on a typical day when you are drinking?

\_\_\_\_\_ 1 or 2 (0 points)

\_\_\_\_\_ 3 or 4 (1 point)

\_\_\_\_\_ 5 or 6 (2 points)

\_\_\_\_\_ 7 or 8 (3 points)

\_\_\_\_\_ 10 or more (4 points)

How often have you had a drink containing alcohol in the past year?

\_\_\_\_\_ Never (0 points)

\_\_\_\_\_ Monthly or less (1 point)

\_\_\_\_\_ Two to four times a month (2 points)

\_\_\_\_\_ Two to three times per week (3 points)

\_\_\_\_\_ Four or more times a week (4 points)

**Interpretation**

\_\_\_\_\_ Positive

\_\_\_\_\_ Negative

**Interpretation**

The AUDIT-C is scored on a scale of 0-12 (score of 0 reflects no alcohol use).

In men, a score of 4 or more is considered positive.

In women, a score of 3 or more is considered positive.