SBIRT IN PRIMARY CARE

Alcohol Use Disorders Identification Test – Consumption (AUDIT-C)

mosaic GROUP

Patient Information

Patient's Name:_____ Today's Date: _____

Date of Birth (DOB): _____ MRN: _____

Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest. For each question in the chart below, place an X in one box that best describes your answer.

QUESTION	SCORING SYSTEM					YOUR SCORE
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many drinks of alcohol do you drink on a typical day when you are drinking?	1 to 2	3 to 4	5 to 6	7 to 9	10 or more	
How often have you had the following on a single occasion in the last year? ▪ 6 or more units if female ▪ 8 or more units if male	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
					Total Score:	

What is "A Drink"

12 fl oz of Regular Beer
(about 5% alcohol)

8-9 fl oz of Malt Liquor
(shown in a 12-oz glass)
(about 7% alcohol)

5 fl oz of Table Wine
(about 12% alcohol)

3-4 fl oz of Fortified Wine
(such as sherry or port; 3.5 oz shown)
(about 17% alcohol)

2-3 fl oz of Cordial, Liqueur, or Aperitif
(2.5 oz shown)
(about 24% alcohol)

1.5 fl oz of Brandy
(a single jigger or shot)
(about 40% alcohol)

1.5 fl oz Shot of 80-proof Spirits
(hard liquor)
(about 40% alcohol)

World Health Organization. (2001). *The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care* (2nd Ed). Author.

STOP HERE—END OF SCREENING