## This is one unit of alcohol...











...and each of these is more than one unit















Pint of Regular

Pint of Premium Beer/Lager/Cider Beer/Lager/Cider

Alcopop or can/bottle of Regular Lager

Can of Premium Lager or Strong Beer

Can of Super Strength Lager

Glass of Wine Bottle of (175ml) Wine

| AUDIT  | Scoring system |                         |   |                               |                                       | Your  |
|--|----------------|-------------------------|---|-------------------------------|---------------------------------------|-------|
|  | 0              | 1                       | 2   | 3                             | 4                                     | score |
| How often do you have a drink containing alcohol?  | Never          | Monthly<br>or less      | 2 - 4<br>times<br>per<br>month            | 2 - 3<br>times<br>per<br>week | 4+<br>times<br>per<br>week            |       |
| How many units of alcohol do you drink on a typical day when you are drinking?   | 1 -2           | 3 - 4                   | 5 - 6                                     | 7 - 9                         | 10+                                   |       |
| How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?                               | Never          | Less<br>than<br>monthly | Monthly                                   | Weekly                        | Daily<br>or<br>almost<br>daily        |       |
| How often during the last year have you found that you were not able to stop drinking once you had started?                                  | Never          | Less<br>than<br>monthly | Monthly                                   | Weekly                        | Daily<br>or<br>almost<br>daily        |       |
| How often during the last year have you failed to<br>do what was normally expected from you<br>because of your drinking?                     | Never          | Less<br>than<br>monthly | Monthly                                   | Weekly                        | Daily<br>or<br>almost<br>daily        |       |
| How often during the last year have you needed<br>an alcoholic drink in the morning to get yourself<br>going after a heavy drinking session? | Never          | Less<br>than<br>monthly | Monthly                                   | Weekly                        | Daily<br>or<br>almost<br>daily        |       |
| How often during the last year have you had a feeling of guilt or remorse after drinking?  | Never          | Less<br>than<br>monthly | Monthly                                   | Weekly                        | Daily<br>or<br>almost<br>daily        |       |
| How often during the last year have you been unable to remember what happened the night before because you had been drinking?                | Never          | Less<br>than<br>monthly | Monthly                                   | Weekly                        | Daily<br>or<br>almost<br>daily        |       |
| Have you or somebody else been injured as a result of your drinking?   | No             |                         | Yes,<br>but not<br>in the<br>last<br>year |                               | Yes,<br>during<br>the<br>last<br>year |       |
| Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?                   | No             |                         | Yes,<br>but not<br>in the<br>last<br>year |                               | Yes,<br>during<br>the<br>last<br>year |       |

Scoring: 0 - 7 Lower risk, 8 - 15 Increasing risk, 16 - 19 Higher risk, 20+ Possible dependence

