AUDIT *(english)*

Below you will find a few questions concerning your drinking habits during the past year.

Please mark the alternative that applies to you. Thank you for answering the questions as accurately and honestly as possible.

One "standard drink"

HOW OLD ARE YOU? _____ ❑ MALE ❑ FEMALE

1. How often do you have a drink containing alcohol?	NEVER ❑	MONTHLY OR LESS ❑	2–4 TIMES A MONTH ❑	2–3 TIMES A WEEK ❑	4 OR MORE TIMES A WEEK ❑
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1–2 ❑	3–4 ❑	5–6 ❑	7–9 ❑	10 OR MORE ❑
3. How often do you have six or more drinks on one occasion?	NEVER ❑	LESS THAN MONTHLY ❑	MONTHLY ❑	WEEKLY ❑	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?	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 as a result of your drinking?	NO ❑		YES, BUT NOT IN THE LASTYEAR ❑		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 LASTYEAR ❑		YES, DURING THE LAST YEAR ❑

Thank you very much for your participation!