

Alcohol Audit

This is one unit of alcohol:



and each of these is more than one unit of alcohol:



Audit Questions	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 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 than monthly	Monthly	Weekly	Daily or almost daily	
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	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	
Scoring: 0–7 Lower Risk, 8–15 Increasing Risk, 16–19 Higher Risk, 20+ Possible Dependence					Total score:	

Alcohol Dependence Questionnaire

	Score			
	0	1	2	3
During a Heavy Drinking Period:	Almost never	Sometimes	Often	Nearly Always
Do you wake up feeling sweaty?				
Do your hands shake first thing in the morning				
Does your whole body shake violently if you don't have a drink?				
Do you wake up drenched in sweat?				
Do you dread waking up in the morning?				
Are you frightened of meeting people first thing in the morning?				
Do you feel on the edge of despair when you wake up?				
Do you feel very frightened when you wake up?				
Do you like to have a morning drink?				
Do you gulp down your morning drink as quickly as possible?				
Do you drink in the morning to get rid of the shakes?				
Do you have a strong craving for a drink when you wake up?				
Do you drink more than ¼ bottle of spirits or 4 pints of beer or 1 bottle of wine per day?				
Do you drink more than ½ bottle of spirits or 8 pints of beer or 2 bottles of wine per day?				
Do you drink more than 1 bottle of spirits or 15 pints of beer or 4 bottles of wine per day?				
Do you drink more than 2 bottle of spirits or 30 pints of beer or 8 bottles of wine per day?				

Ask the client to imagine they've not drunk alcohol in a few weeks and then heavily for two days. Ask them how they'd feel after the two days. If the client hasn't been abstinent for two weeks then score the maximum for each of the below questions

	0	1	2	3
	Almost never	Sometimes	Often	Nearly Always
Would your hands sweat?				
Would your hands shake?				
Would your body shake?				
Do you wake up drenched in sweat?				
Do you dread waking up in the morning?				
Severity of Alcohol Dependence Quotient (SADQ)				

0-3 no dependence 4-19 mild dependence 20-30 moderate dependence
 31-44 severe dependence 45+ very severe dependence