Drug Use

Circle the appropriate answer to the left of each question.

Yes	No	1. Do those close to you often ask about your drug use? Have you noticed any changes in your moods or behavior?
Yes	No	2. Are you defensive if a friend or relative mentions your drug or alcohol use?
Yes	No	3. Are you sometimes embarrassed or frightened by your behavior under the influence of drugs or alcohol?
Yes	No	4. Have you ever gone to see a new doctor because your regular physician would not prescribe the drug you wanted?
Yes	No	5. When you are under pressure or feel anxious, do you automatically take a tranquilizer or drink or both?
Yes	No	6. Do you take drugs more often or for purposes other than those recommended by your doctor?
Yes	No	7. Do you mix drugs and alcohol?
Yes	No	8. Do you drink or take drugs regularly to help you sleep?
Yes	No	9. Do you have to take a pill to get going in the morning?
Yes	No	10. Do you think you have a drug problem?

The AUDIT Questionnaire

Circle the appropriate answer to the left of each question.

1. How often do you have a drink containing alcohol?
   (0) Never
   (1) Monthly or less
   (2) Two to four times a month
   (3) Two to three times a week
   (4) Four or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
   (0) 1 or 2
   (1) 3 or 4
   (2) 5 or 6
   (3) 7 to 9
   (4) 10 or more

3. How often do you have six or more drinks on one occasion?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) 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?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) 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?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
   (0) No
   (2) Yes, but not in the last year
   (4) Yes, during the last year

10. Has a relative, friend, doctor, or other health worker been concerned about your drinking or suggested that you should cut down?
    (0) No
    (2) Yes, but not in the last year
    (4) Yes, during the last year