

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Office Visit Date: \_\_\_\_\_

## AUDIT C

**Did you have a drink containing alcohol in the past year?**

- Yes
- No

**If 'Yes': How often did you have a drink containing alcohol in the past year?**

- Never (0 points)
- Monthly or less (1 point)
- Two to four times a month (2 points)
- Two to three times per week (3 points)
- Four or more times per week (4 points)

**If 'Yes': How many drinks did you have on a typical day when you were drinking in the past year?**

- 1 or 2 (0 points)
- 3 or 4 (1 point)
- 5 or 6 (2 points)
- 7 to 9 (3 points)
- 10 or more (4 points)

**If 'Yes': How often did you have six or more drinks on one occasion in the past year?**

- Never (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 points)