



What does your score mean?

The AUDIT questionnaire was developed by the World Health Organisation to evaluate a person's use of alcohol. Your AUDIT score shows whether your drinking could be hazardous and putting you at risk.

Higher scores typically reflect more serious problems.

What does your score mean?	
0 - 7 low risk	8 - 15 risky or hazardous
Low Risk:	Not likely to cause serious harm. Remember, there are no completely safe limits.
Risky or Hazardous:	Increased risk of harm including physical, mental, social, legal, financial problems.
High Risk:	Drinking at this level will eventually result in harm if not already doing so. Risk of dependence is there.
Highest Risk:	Definite harm. Likely to be dependent.

If you score is in the orange, red or purple category (risky to hazardous to highest risk) help and support is available. Talk to your GP and/or visit www.drugsandalcoholni.info for contact details of local drug and alcohol services in your area.



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ALCOHOL M.O.T.

Questionnaire

Please tick the box next to your answer for each question, and then add up your score (in brackets) for each question to give you a total at the end.

1. How often do you have a drink containing alcohol?
 Never (0)
 Less than monthly (1)
 2-4 times a month (2)
 2-3 times a week (3)
 4 or more times a week (4)
2. How many standard drinks containing alcohol do you have on a typical day when you are drinking?
 1 or 2 (0)
 3 or 4 (1)
 5 or 6 (2)
 7 to 9 (3)
 10 or more (4)
3. How often do you have 6 or more drinks in one occasion?
 Never (0)
 Less than Monthly (1)
 Monthly (2)
 Weekly (3)
 Daily or almost daily (4)
4. How often during the last year have you found that you were not able to stop drinking once you had started?
 Never (0)
 Less than Monthly (1)
 Monthly (2)
 Weekly (3)
 Daily or almost daily (4)
5. How often during the last year have you failed to do what was normally expected from you because of drinking?
 Never (0)
 Less than Monthly (1)
 Monthly (2)
 Weekly (3)
 Daily or almost daily (4)
6. How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking session?
 Never (0)
 Less than Monthly (1)
 Monthly (2)
 Weekly (3)
 Daily or almost daily (4)
7. How often during the last year have you had a feeling of guilt or remorse after drinking?
 Never (0)
 Less than Monthly (1)
 Monthly (2)
 Weekly (3)
 Daily or almost daily (4)
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
 Never (0)
 Less than Monthly (1)
 Monthly (2)
 Weekly (3)
 Daily or almost daily (4)
9. Have you or someone else been injured as a result of your drinking?
 No (0)
 Yes, but not in the last year (2)
 Yes, during the last year (4)
10. Has a relative, friend, doctor or health worker been concerned about your drinking or suggested that you should cut down?
 No (0)
 Yes, but not in the last year (2)
 Yes, during the last year (4)

Your total score _____

