

## AUDIT-C Questionnaire

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

Gender:

**1. How often do you have a drink containing alcohol?**

- a. Never
- b. Monthly or less
- c. 2-4 times a month
- d. 2-3 times a week
- e. 4 or more times a week

**2. How many standard drinks containing alcohol do you have on a typical day?**

- a. 1 or 2
- b. 3 or 4
- c. 5 or 6
- d. 7 to 9
- e. 10 or more

**3. How often do you have six or more drinks on one occasion?**

- a. Never
- b. Less than monthly
- c. Monthly
- d. Weekly
- e. Daily or almost daily