

## WHO Alcohol Use Disorders Identification Test

The focus of this test is the last 12 months. A drink is defined as any beverage containing alcohol. The type of alcohol (beer, cider, wine or liquor) is not important. For your own sake, answer as honest as possible. You do not need to share this self-test with anybody. The test is free of charge and at your own risk. In case of any doubt, symptoms etc. contact your medical doctor.

<p>1. How often do you have a drink containing alcohol?</p> <p>(0) Never [Skip to Qs 9-10]          (1) Monthly or less          (2) 2 to 4 times a month          (3) 2 to 3 times a week          (4) 4 or more times a week</p>	<p>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?</p> <p>(0) Never          (1) Less than monthly          (2) Monthly          (3) Weekly          (4) Daily or almost daily</p>
<p>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</p> <p>(0) 1 or 2          (1) 3 or 4          (2) 5 or 6          (3) 7, 8, or 9          (4) 10 or more</p>	<p>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</p> <p>(0) Never          (1) Less than monthly          (2) Monthly          (3) Weekly          (4) Daily or almost daily</p>
<p>3. How often do you have six or more drinks on one occasion?</p> <p>(0) Never          (1) Less than monthly          (2) Monthly          (3) Weekly          (4) Daily or almost daily</p> <p><i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i></p>	<p>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</p> <p>(0) Never          (1) Less than monthly          (2) Monthly          (3) Weekly          (4) Daily or almost daily</p>
<p>4. How often during the last year have you found that you were not able to stop drinking once you had started?</p> <p>(0) Never          (1) Less than monthly          (2) Monthly          (3) Weekly          (4) Daily or almost daily</p>	<p>9. Have you or someone else been injured as a result of your drinking?</p> <p>(0) No          (2) Yes, but not in the last year          (4) Yes, during the last year</p>
<p>5. How often during the last year have you failed to do what was normally expected from you because of drinking?</p> <p>(0) Never          (1) Less than monthly          (2) Monthly          (3) Weekly          (4) Daily or almost daily</p>	<p>10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?</p> <p>(0) No          (2) Yes, but not in the last year          (4) Yes, during the last year</p>

Total score: \_\_\_\_\_

- A) Scores between 8 and 15 are most appropriate for simple advice focused on the reduction of hazardous drinking.
- B) Scores between 16 and 19 suggest brief counseling and continued monitoring.
- C) Scores of 20 or above clearly warrant further diagnostic evaluation for alcohol dependence.

**Contact Parterapi-parterapeut.dk for Relational Alcohol Treatment in English or Danish in Copenhagen or on Skype**

[www.parterapi-parterapeut.dk/copenhagen-couplestherapy-couplestherapist.html](http://www.parterapi-parterapeut.dk/copenhagen-couplestherapy-couplestherapist.html)