

**Main Line Family Practice a division of
Bryn Mawr Medical Specialists Association**
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Alcohol Use (Audit C)

Name: _____ Gender: _____ Date: _____

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 point)

☐ Monthly or less (1 point)

☐ 2 to 4 times a month (2 points)

☐ 2 to 3 times a week (3 points)

☐ 4 or more times a 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 drinks (0 point)

☐ 3 or 4 drinks (1 point)

☐ 5 or 6 drinks (2 points)

☐ 7 to 9 drinks (3 points)

☐ 10 or more drinks (4 points)

If "Yes" : How often did you have 6 or more drinks on one occasion in the past year?

☐ Never (0 point)

☐ Less than monthly (1 point)

☐ Monthly (2 points)

☐ Weekly (3 points)

☐ Daily or almost daily (4 points)

Points : _____

Interpretation

☐ Positive

☐ Negative

Interpretation

The AUDIT-C is scored on a scale of 0-12 (scores of 0 reflect no alcohol use).

- In men, a score of 4 or more is considered positive
- In women, a score of 3 or more is considered positive