

SBIRT AUDIT Forms (English and Spanish)

Alcohol screening questionnaire (AUDIT)

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

One drink equals:



12 oz.
beer



5 oz.
wine



1.5 oz.
liquor
(one shot)

1. How often do you have a drink containing alcohol?	Never	Monthly or less	Two to four times a month	Two to three times a week	Four or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	Zero to two	Three or four	Five or six	Seven to nine	Ten or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year

0 1 2 3 4

I II III IV
0 8 16 20

AUDIT cuestionario de prueba de detección de alcohol

Debido que ingerir alcohol puede afectar su salud e interferir con ciertos medicamentos y tratamientos, es importante que le hagamos algunas preguntas sobre su uso del alcohol. Si se siente incómodo al llenar este formulario, hágaselo saber a su proveedor de atención médica.

Una bebida estándar equivale a:

- 1.5 oz de licor (por ejemplo, un trago de whisky)
- 12 oz cerveza
- 5 oz de vino



1.5 oz.



12 oz.



5 oz.

Bebida mixta o cóctel

cerveza

vino

Preguntas	0	1	2	3	4
1. ¿Con qué frecuencia toma una bebida que contenga alcohol?	Nunca	Mensualmente o menos	2 a 4 veces al mes	2 a 3 veces a la semana	4 o más veces a la semana
2. ¿Cuántas bebidas que contengan alcohol toma en un día normal cuando bebe?	1 ó 2	3 ó 4	5 ó 6	7 a 9	10 o más
3. ¿Con qué frecuencia toma seis o más tragos en una ocasión?	Nunca	Menos que mensualmente	Mensualmente	Semanalmente	Diariamente o casi diariamente
4. ¿Con qué frecuencia durante el último año se dio cuenta que no podía parar de beber una vez que comenzaba?	Nunca	Menos que mensualmente	Mensualmente	Semanalmente	Diariamente o casi diariamente
5. ¿Con qué frecuencia durante el último año no pudo hacer lo que se esperaba normalmente de usted debido a estar bebiendo?	Nunca	Menos que mensualmente	Mensualmente	Semanalmente	Diariamente o casi diariamente
6. ¿Con qué frecuencia durante el último año ha necesitado de un primer trago en la mañana para iniciar una actividad después de una fuerte sesión de bebidas?	Nunca	Menos que mensualmente	Mensualmente	Semanalmente	Diariamente o casi diariamente
7. ¿Con qué frecuencia durante el último año ha tenido un sentimiento de culpa o remordimiento después de beber?	Nunca	Menos que mensualmente	Mensualmente	Semanalmente	Diariamente o casi diariamente
8. ¿Con qué frecuencia durante el último año no ha podido recordar lo que sucedió la noche anterior debido a que estuvo bebiendo?	Nunca	Menos que mensualmente	Mensualmente	Semanalmente	Diariamente o casi diariamente
9. ¿Usted o alguien más han sido lastimados debido a que usted estuviera bebiendo?	No		Sí, pero no en el último año		Sí, durante el último año
10. ¿Algún familiar, amigo, médico u otro trabajador de atención médica ha estado preocupado con el hecho que usted beba o le ha sugerido que lo deje?	No		Sí, pero no en el último año		Sí, durante el último año

I II III IV
0 8 16 20

Template for Scoring the SBIRT-AUDIT Form/ DAST-10

Score: _____

Scores for questions 1 through 8 are –
are –

- 1st response = 0
- 2nd response = 1
- 3rd response = 2
- 4th response = 3
- 5th response = 4

Scores for questions 9 and 10

- 1st response = 0
- 2nd response = 2
- 3rd response = 4

Score	Degree of problem related to alcohol consumption	Suggested Action
0	No problems reported.	No action at this time.
1-7	Low level.	Monitor, reassess at a later time.
8-12, female 8-14, male	Moderate level. Associated w/ harmful or hazardous drinking.	Further investigation. Consider for Project Lazarus.
>= 13, female	Substantial to severe level. Likely to indicate alcohol dependence.	Intensive assessment. Consider for Project Lazarus.
>= 15, male	Substantial to severe level. Likely to indicate alcohol dependence.	Intensive assessment. Consider for Project Lazarus.

*Adapted from Saunders JB, Aasland OG, Babor TF *et al.* Development of the alcohol use disorders identification test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption —II. *Addiction* 1993, **88**: 791–803.

TEMPLATE FOR SCORING THE DAST-10©

Score: _____

Score 1 point for each question answered “yes,” except for question 3 for which a “no” receives 1 point.

DAST-10 Interpretation

Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported.	None at this time.
1-2	Low level.	Monitor, reassess at a later date.
3-5	Moderate level.	Further investigation. Consider for Project Lazarus.
6-8	Substantial level.	Intensive assessment. Consider for Project Lazarus.
9-10	Severe level.	Intensive assessment. Consider for Project Lazarus.

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