AUDIT-C Questionnaire

Patient Name ___________________________ Date of Visit ____________

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