

# HEALING MINDS

## AUDIT-C — Alcohol Use Screening Tool

Patient Name:

Date:

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

Never

Monthly or less

2–4 times a month

2–3 times a week

4 or more times a week

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

1 or 2

3 or 4

5 or 6

7 to 9

10 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