
SCREENING TESTS

Several hundred screening instruments are available today to aid clinicians and others in identifying patients with alcohol problems. Many of these tools are presented in the guide, *Assessing Alcohol Problems: A Guide for Clinicians and Researchers*,¹ available from the National Institute on Alcohol Abuse and Alcoholism.

This issue of *Alcohol Research & Health* highlights some of the most popular screening tools for identifying hazardous or risky drinking. Two instruments in particular, the AUDIT and the CAGE, are cited throughout this issue—primarily because of their usefulness in a variety

of settings and with a range of target populations. In contrast, the T-ACE is a test developed to ascertain drinking in a very specific population—pregnant women.

The AUDIT, CAGE, and T-ACE are presented here in their entirety. See the *Assessing Alcohol Problems* guide for a full description of these and other instruments, including their target audiences, reliability, clinical utility, research applications, and source references, as well as administrative issues such as scoring, time requirements, training required to deliver the screening tests, their costs, and copyright issues.

¹ National Institute on Alcohol Abuse and Alcoholism. *Assessing Alcohol Problems: A Guide for Clinicians and Researchers*, 2d ed. NIH Pub. No. 03-3745. Washington, DC: U.S. Dept. of Health and Human Services, Public Health Service. Revised 2003, may be accessed online at www.niaaa.nih.gov/publications/protraining.htm.

CAGE

- C** Have you ever felt you should **cut down** on your drinking?
- A** Have people **annoyed** you by criticizing your drinking?
- G** Have you ever felt bad or **guilty** about your drinking?
- E** **Eye opener:** Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

The CAGE can identify alcohol problems over the lifetime. Two positive responses are considered a positive test and indicate further assessment is warranted.

T-ACE

- T** **Tolerance:** How many drinks does it take to make you feel high?
- A** Have people **annoyed** you by criticizing your drinking?
- C** Have you ever felt you ought to **cut down** on your drinking?
- E** **Eye-opener:** Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

The T-ACE, which is based on the CAGE, is valuable for identifying a range of use, including lifetime use and prenatal use, based on the DSM-III-R criteria. A score of 2 or more is considered positive. Affirmative answers to questions A, C, or E = 1 point each. Reporting tolerance to more than two drinks (the T question) = 2 points.

Alcohol Use Disorders Identification Test (AUDIT)

Please circle the answer that is correct for you.

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

Never	Monthly or Less	Two to four times a month	Two to three times per week	Four or more times a week
-------	-----------------	---------------------------	-----------------------------	---------------------------
2. How many drinks containing alcohol do you have on a typical day when you are drinking?

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	Two to three times per week	Four or more times a week
-------	-------------------	---------	-----------------------------	---------------------------
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	Two to three times per week	Four or more times a week
-------	-------------------	---------	-----------------------------	---------------------------
5. How often during the last year have you failed to do what was normally expected from you because of drinking?

Never	Less than monthly	Monthly	Two to three times per week	Four or more times a week
-------	-------------------	---------	-----------------------------	---------------------------
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	Two to three times per week	Four or more times a week
-------	-------------------	---------	-----------------------------	---------------------------
7. How often during the last year have you had a feeling of guilt or remorse after drinking?

Never	Less than monthly	Monthly	Two to three times per week	Four or more times a week
-------	-------------------	---------	-----------------------------	---------------------------
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never	Less than monthly	Monthly	Two to three times per week	Four or more times a week
-------	-------------------	---------	-----------------------------	---------------------------
9. Have you or someone else been injured as a result of your drinking?

No	Yes, but not in the last year	Yes, during the last year
----	-------------------------------	---------------------------
10. Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?

No	Yes, but not in the last year	Yes, during the last year
----	-------------------------------	---------------------------

The Alcohol Use Disorders Identification Test (AUDIT) can detect alcohol problems experienced in the last year. A score of 8+ on the AUDIT generally

indicates harmful or hazardous drinking. Questions 1–8 = 0, 1, 2, 3, or 4 points. Questions 9 and 10 are scored 0, 2, or 4 only.