

Cuestionario de prueba de detección de alcohol AUDIT-C (Spanish)

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.

Patient name: _____
 Date of birth: _____

Una bebida estándar equivale a:

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



AUDIT – C

1. ¿Con qué frecuencia consume alguna bebida alcohólica?	Nunca	Una o menos veces al mes	De 2 a 4 veces al mes	De 2 a 3 veces a la semana	4 o más veces a la semana
2. ¿Cuántas consumiciones de bebidas alcohólicas suele realizar en un día de consumo normal?	1 ó 2	3 ó 4	5 ó 6	7, 8, o 9	10 o más
3. ¿ Con qué frecuencia toma 6 o más bebidas alcohólicas en un solo día?	Nunca	Menos de una vez al mes	Mensualmente	Semanalmente	A diario o casi a diario

Scoring:

A total of 5+ indicates increasing or higher risk drinking.
 An overall total score of 5 or above is AUDIT-C positive.



Score from AUDIT- C (other side)



Remaining AUDIT questions

Questions	Scoring system					Your score
	0	1	2	3	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	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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	
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	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk,
16 – 19 Higher risk, 20+ Possible dependence

TOTAL Score equals
AUDIT C Score (above) +
Score of remaining questions

