

VALIDATED SCREENING TOOLS FOR UNHEALTHY ALCOHOL USE



The U.S. Preventive Services Task Force (USPSTF) recommends screening for adults 18 years and older for unhealthy alcohol use as part of routine care.¹

Identifying and treating unhealthy alcohol use and alcohol use disorder (AUD) earlier may improve clinical outcomes.² However, recommended screening for unhealthy alcohol use is inconsistently performed in practice.^{3,4}

Understanding the screening landscape

Screening tools for alcohol use are freely available and can be completed in just a few minutes at a routine visit.⁵ The USPSTF identified the following evidence-based screening tools as acceptable for identifying the full spectrum of unhealthy alcohol use among adults in US.¹

The Single Alcohol Screening Question (SASQ)⁵

Number of questions	Duration (mins)	What does it assess?	The tool	What is considered a positive screen?
1	<1	Heavy drinking days in the past year	How many times in the past year have you had (4 for women, or 5 for men) or more drinks in a day?	A response of 1 or greater

The Alcohol Use Disorders Identification Test–Consumption (AUDIT-C)⁶

Question	Points				
	0	1	2	3	4
How often did you have a drink containing alcohol in the past year?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
How many drinks did you have on a typical day when you were drinking in the past year?	0 to 2 drinks	3 to 4 drinks	5 to 6 drinks	7 to 9 drinks	10 or more drinks
How often did you have 6 or more drinks on one occasion in the past year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

AUDIT-C score: Calculated by adding the points from all three questions, producing a total score between 0 and 12.⁷

What is considered a positive screen for AUDIT-C?⁷

Men

Score ≥ 4

Women

Score ≥ 3



While the CAGE tool is well known, it captures alcohol dependence rather than the full spectrum of unhealthy alcohol use, and the USPSTF does not include it among recommended tools.¹



Screening tools serve as a starting point to initiate conversations about alcohol use; they do not provide a diagnosis

Next steps



If a patient screens positive, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) recommends conducting a follow-up assessment, which can build a more complete picture of drinking patterns and possible symptoms of AUD.⁵

The Alcohol Symptom Checklist, based on the DSM-5 criteria for AUD, is a patient-reported assessment that can help identify symptoms consistent with AUD.^{5,8}



[Link to tool](#)
This is an external link to a site not sponsored by Lilly.



Brief behavioral counseling is also recommended.^{1,5}

Pairing screening with brief counseling may produce meaningful reductions in alcohol consumption.⁹⁻¹¹ Reduction in alcohol use is associated with improved outcomes.¹²



A negative screen can still be a valuable conversation starter.

If a patient screens negative for heavy drinking days, the NIAAA recommends reinforcing that consuming less alcohol is better for overall health and discussing ways to reduce future alcohol-related risks.⁵



See the whole picture of AUD.

Screening is just one component of alcohol use assessment. Combined with conversation, it helps build a more complete picture and inform appropriate next steps.^{5,13}

Find more resources on AUD at the

LILLY MEDICAL WEBSITE



Disclaimer: This resource is intended to support, not replace, clinical judgement. Screening tools should be interpreted in the context of individual patient circumstances and used as part of a comprehensive clinical assessment.

CAGE=Cut down, Annoyed, Guilty, Eye-opener. DSM-5=Diagnostic and Statistical Manual of Mental Disorders 5th ed. US=United States.

References

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