Supplementary Table 2. The Alcohol Use Disorders Identification Test (AUDIT)

<table>
<thead>
<tr>
<th>Domains</th>
<th>Item content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazardous alcohol use</td>
<td>1. How often do you have a drink containing alcohol?</td>
</tr>
<tr>
<td></td>
<td>- Never</td>
</tr>
<tr>
<td></td>
<td>- Monthly or less</td>
</tr>
<tr>
<td></td>
<td>- 2–4 times a month</td>
</tr>
<tr>
<td></td>
<td>- 2–3 times a week</td>
</tr>
<tr>
<td></td>
<td>- 4 or more times a week</td>
</tr>
<tr>
<td></td>
<td>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</td>
</tr>
<tr>
<td></td>
<td>- 0. 1 or 2</td>
</tr>
<tr>
<td></td>
<td>- 1. 3 or 4</td>
</tr>
<tr>
<td></td>
<td>- 2. 5 or 6</td>
</tr>
<tr>
<td></td>
<td>- 3. 7 to 9</td>
</tr>
<tr>
<td></td>
<td>- 4. 10 or more</td>
</tr>
<tr>
<td></td>
<td>3. How often do you have six or more drinks on one occasion?</td>
</tr>
<tr>
<td></td>
<td>- Never</td>
</tr>
<tr>
<td></td>
<td>- 1. Less than monthly</td>
</tr>
<tr>
<td></td>
<td>- 2. Monthly</td>
</tr>
<tr>
<td></td>
<td>- 3. Weekly</td>
</tr>
<tr>
<td></td>
<td>- 4. Daily or almost daily</td>
</tr>
<tr>
<td>Dependence symptoms</td>
<td>4. How often during the last year have you found that you were not able to stop drinking once you had started?</td>
</tr>
<tr>
<td></td>
<td>- Never</td>
</tr>
<tr>
<td></td>
<td>- 1. Less than monthly</td>
</tr>
<tr>
<td></td>
<td>- 2. Monthly</td>
</tr>
<tr>
<td></td>
<td>- 3. Weekly</td>
</tr>
<tr>
<td></td>
<td>- 4. Daily or almost daily</td>
</tr>
<tr>
<td></td>
<td>5. How often during the last year have you failed to do what was normally expected of you because of drinking?</td>
</tr>
<tr>
<td></td>
<td>- Never</td>
</tr>
<tr>
<td></td>
<td>- 1. Less than monthly</td>
</tr>
<tr>
<td></td>
<td>- 2. Monthly</td>
</tr>
<tr>
<td></td>
<td>- 3. Weekly</td>
</tr>
<tr>
<td></td>
<td>- 4. Daily or almost daily</td>
</tr>
<tr>
<td></td>
<td>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?</td>
</tr>
<tr>
<td></td>
<td>- Never</td>
</tr>
<tr>
<td></td>
<td>- 1. Less than monthly</td>
</tr>
<tr>
<td></td>
<td>- 2. Monthly</td>
</tr>
<tr>
<td></td>
<td>- 3. Weekly</td>
</tr>
<tr>
<td></td>
<td>- 4. Daily or almost daily</td>
</tr>
</tbody>
</table>
### Supplementary Table 2. Continued

<table>
<thead>
<tr>
<th>Domains</th>
<th>Item content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harmful alcohol use</td>
<td>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
</tr>
<tr>
<td></td>
<td>o. Never</td>
</tr>
<tr>
<td></td>
<td>1. Less than monthly</td>
</tr>
<tr>
<td></td>
<td>2. Monthly</td>
</tr>
<tr>
<td></td>
<td>3. Weekly</td>
</tr>
<tr>
<td></td>
<td>4. Daily or almost daily</td>
</tr>
<tr>
<td></td>
<td>8. How often during the last year have you been unable to remember what happened the night before because of your drinking?</td>
</tr>
<tr>
<td></td>
<td>o. Never</td>
</tr>
<tr>
<td></td>
<td>1. Less than monthly</td>
</tr>
<tr>
<td></td>
<td>2. Monthly</td>
</tr>
<tr>
<td></td>
<td>3. Weekly</td>
</tr>
<tr>
<td></td>
<td>4. Daily or almost daily</td>
</tr>
<tr>
<td></td>
<td>9. Have you or someone else been injured because of your drinking?</td>
</tr>
<tr>
<td></td>
<td>o. Never</td>
</tr>
<tr>
<td></td>
<td>2. Yes, but not in the last year</td>
</tr>
<tr>
<td></td>
<td>4. Yes, during the last year</td>
</tr>
<tr>
<td></td>
<td>10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?</td>
</tr>
<tr>
<td></td>
<td>o. Never</td>
</tr>
<tr>
<td></td>
<td>2. Yes, but not in the last year</td>
</tr>
<tr>
<td></td>
<td>4. Yes, during the last year</td>
</tr>
</tbody>
</table>