

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

Domains	Item content
Hazardous alcohol use	<ol style="list-style-type: none"> 1. How often do you have a drink containing alcohol? <ol style="list-style-type: none"> 0. Never 1. Monthly or less 2. 2–4 times a month 3. 2–3 times a week 4. 4 or more times a week 2. How many drinks containing alcohol do you have on a typical day when you are drinking? <ol style="list-style-type: none"> 0. 1 or 2 1. 3 or 4 2. 5 or 6 3. 7 to 9 4. 10 or more 3. How often do you have six or more drinks on one occasion? <ol style="list-style-type: none"> 0. Never 1. Less than monthly 2. Monthly 3. Weekly 4. Daily or almost daily
Dependence symptoms	<ol style="list-style-type: none"> 4. How often during the last year have you found that you were not able to stop drinking once you had started? <ol style="list-style-type: none"> 0. Never 1. Less than monthly 2. Monthly 3. Weekly 4. Daily or almost daily 5. How often during the last year have you failed to do what was normally expected of you because of drinking? <ol style="list-style-type: none"> 0. Never 1. Less than monthly 2. Monthly 3. Weekly 4. Daily or almost daily 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? <ol style="list-style-type: none"> 0. Never 1. Less than monthly 2. Monthly 3. Weekly 4. Daily or almost daily

Supplementary Table 2. Continued

Domains	Item content
Harmful alcohol use	7. How often during the last year have you had a feeling of guilt or remorse after drinking? <ul style="list-style-type: none"> o. Never 1. Less than monthly 2. Monthly 3. Weekly 4. Daily or almost daily 8. How often during the last year have you been unable to remember what happened the night before because of your drinking? <ul style="list-style-type: none"> o. Never 1. Less than monthly 2. Monthly 3. Weekly 4. Daily or almost daily 9. Have you or someone else been injured because of your drinking? <ul style="list-style-type: none"> o. Never 2. Yes, but not in the last year 4. Yes, during the last year 10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? <ul style="list-style-type: none"> o. Never 2. Yes, but not in the last year 4. Yes, during the last year