

Screening & Brief Intervention

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3 Tasks for BI

Feedback

Listen & Elicit

Options for Change

AUDIT

Table 2 The Alcohol Use Disorders Identification Test: Self-Report Version.⁴⁵

Patient: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1-2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have ≥ 6 drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	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?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. 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
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worked been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year

Severity of Alcohol Problems



F **L** **O**

BAC Feedback

Range: *“BAC can range from 0 which is sober to .4 which can be lethal.”*

Ask: *“What do you think yours was?”*

Normal: *“Most drinkers usually stay between .03-.05. And heavy drinking is greater than .08.”*

Give score: *“Your level was ...”*

Elicit reaction: *“What do you make of that?”*



AUDIT Feedback

Range: *“AUDIT scores can range from 0 for people that don’t drink, 1-7 for low risk drinkers and from 8 to 40 for risky drinking.*

A Ask: *What do you think your score might be?*

Normal scores: *“Normal AUDITd scores are 0-7*

Give score: *“Your score was ...and this places you in the (low, high, severe) risk category.*

Elicit reaction: *“What do you make of that?”*

F L O

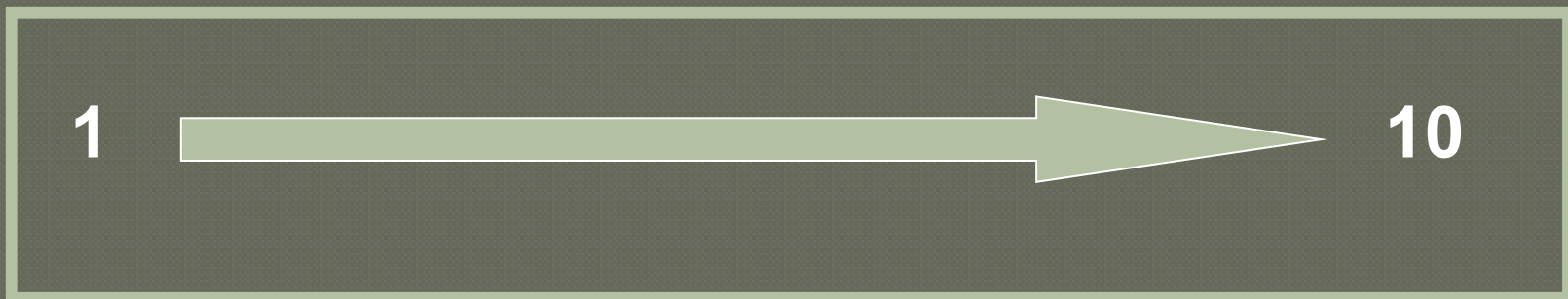
Listen & Elicit

Importance
&
Confidence Scales

F L O

Importance

- *On a scale of 1–10, how **important** is it for you to change your drinking?*
- *Why didn't you give it a lower number?*



F L O

Confidence

- *On a scale of 1–10, how **confident** are you that you could change your drinking?*
- *Why didn't you give it a lower number?*



F L O

Options for Change

Manage your drinking: (cut down to low-risk limits)

Eliminate your drinking: (quit)

Never drink and drive: (reduce harm)

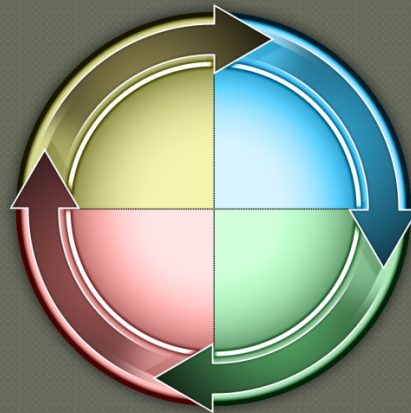
Utterly nothing: (no change)

Seek support

Closing on Good Terms

SEW

- S:** Summarize patient's views
(especially the pro-change part of what they said).
- E:** Encouraging remarks
- W:** What agreement was reached is repeated.



Putting it All Together

Feedback

RANGE

Listen & Elicit

Pros & Cons
Importance & Confidence
Summary

Options explored

MENUS