Very Short Tally Sheet

Provider details and consultation

Provider ID (*pre-printed*)	_____	*prov.id*
Date consultation	____ / ____ / ____ (DD / MM / YY)	*date.day/ date.month/ date.year*

Patient details

Sex	☐ 1 – Male ☐ 2 – Female ☐ 3 – Other	**Age**	_____ years	*sex/age*
Education	☐ 1 – Less than high school	☐ 2 – High school	☐ 3 – Any education beyond high school	*education*

Pre- Screen Question

Question	1 – Yes	2 – No	
Have you been asked about your alcohol use at an appointment in the last year?			*lastyear*
If NO apply AUDIT – C Alcohol Screening. If YES end here, there is no need to screen again			

AUDIT-C Alcohol Screening

- Read questions as written and record answers carefully.
- Begin the AUDIT by saying "Now I am going to ask you some questions about your consumption of standard drinks of alcoholic beverages during the past three months."
- Explain what is meant by "standard drinks" by using local examples of beer, wine, vodka, etc.

  Alcoholic drinks contain different concentrations of alcohol, for example a full glass of brandy contains more alcohol than a full glass of beer. What we call a standard drink is a drink containing 12 grams of alcohol. As shown in these pictures, a standard drink is equivalent to: one glass of beer, one small glass (shot) of brandy or whisky, one medium glass of wine.

1 Standard Drink:	**250ml Beer (5%)** 	**100ml Wine (12%)** 	**30ml Spirits (40%)** 	**30ml Spirits (40%)** 

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- Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

Questions	0	1	2	3	4	Score	
1 How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week		*audit1*
2 How many standard drinks of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+		*audit2*
3 How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		*audit3*
Sum score AUDIT-C (possible range 0-12)						__ __	*auditc.sum*
If AUDIT-C score ≥ 8 Provide Brief Advice and apply PHQ-2 questionnaire and suicide risk screening							

PHQ-2 Depression Screening

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day	
1 Little interest or pleasure in doing things	0	1	2	3	*phq1*
2 Feeling down, depressed, or hopeless	0	1	2	3	*phq2*
Sum score (possible range 0-6)				__ __	*phq2.sum*
If PHQ-2 score ≥ 3 Consider referral to specialist services; give information leaflet for depression					

Suicide Risk Screening

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day	
1 Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3	*suicide*
IF score ≥ 2 Stop and consider if monitoring of the patient or referral to specialist services for suicide risk are appropriate					

Taking record of brief advice and referral

Brief advice and referral *(more than one answer is possible)*	☐ 1 – Brief advice to reduce alcohol consumption given ☐ 2 – Patient leaflet on alcohol given ☐ 3 – Patient offered, but declined leaflet on alcohol ☐ 4 – Continued monitoring ☐ 5 – Patient referred to other provider in practice for brief advice to reduce alcohol consumption ☐ 6 – Patient referred to other provider outside practice for brief advice to reduce alcohol consumption ☐ 7 – Patient leaflet on depression given ☐ 8 – Patient offered, but declined leaflet on depression ☐ 9 – Patient referred to specialist service for alcohol ☐ 10 – Patient referred to specialist service for depression/suicide risk ☐ 11 – Other **––––––––––––––––––––––** ☐ 12 – Time did not allow, but ☐ 13 – I made follow-up appointment ☐ 14 – Patient declined brief advice to reduce alcohol consumption	*document1-14/ document11.other*