

Provider details and consultation

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

Patient details





Sex <input type="checkbox"/> 1 – Male <input type="checkbox"/> 2 – Female <input type="checkbox"/> 3 – Other	Age	_____ years	<i>sex/age</i>
Education <input type="checkbox"/> 1 – Less than high school <input type="checkbox"/> 2 – High school <input type="checkbox"/> 3 – Any education beyond high school			<i>education</i>

Pre- Screen Question

Question	1 – Yes	2 – No	
Have you been asked about your alcohol use at an appointment in the last year?			<i>lastyear</i>
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 year.”
- 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 10 grams of alcohol. As shown in these pictures, a standard drink is equivalent to: one glass of beer, one small

1 Standard Drink:	250ml Beer (5%) 	100ml Wine (12%) 	30ml Spirits (40%) 	30ml Spirits (40%) 
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glass (shot) of brandy or whisky, one medium glass of or wine.

**Ins5_Arm4_Provider_Short Tally Sheet_BL and IMP_PER_EN
Short Tally Sheet**

- 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		<i>audit1</i>
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+		<i>audit2</i>
3 How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		<i>audit3</i>
Sum score AUDIT-C (possible range 0-12)							<i>auditc.sum</i>
If AUDIT-C score \geq 8 Apply remaining AUDIT and PHQ-2 questionnaire							

AUDIT (remaining scale)

Questions	0	1	2	3	4	Score	
4 How often during the past 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		<i>audit4</i>
5 How often during the past year have you failed to do what was normally expected from you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		<i>audit5</i>
6 How often during the past 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		<i>audit6</i>
7 How often during the past year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		<i>audit7</i>
8 How often during the past year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		<i>audit8</i>
9 Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the past 3 months		Yes, during the past 3 months		<i>audit9</i>
10 Has a relative or friend or a doctor or another health worker been concerned	No		Yes, but not in the past		Yes, during the past		<i>audit10</i>

about your drinking or suggested you cut down?			3 months		3 months	
Sum score questions 4-10 (possible range 0-28)						audit7.sum
Sum score full AUDIT-10 (possible range 0-40)						audit10.sum

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
2 Feeling down, depressed, or hopeless	0	1	2	3
Sum score (possible range 0-6)				phq1 phq2 phq2.sum
If PHQ-2 score ≥ 3 Apply remaining PHQ questionnaire				

PHQ-9 (remaining scale)

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
3 Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4 Feeling tired or having little energy	0	1	2	3
5 Poor appetite or overeating	0	1	2	3
6 Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3
7 Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8 Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9 Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
Sum score questions 3-9 (possible range 0-21)				phq3 phq4 phq5 phq6 phq6.sum
Sum score full PHQ-9 (possible range 0-27)				phq7 phq8 phq9 phq9.sum
IF PHQ-9 question 9 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 <i>(more than one answer is possible)</i>	<input type="checkbox"/>	1 – Brief advice to reduce alcohol consumption given
	<input type="checkbox"/>	2 – Patient leaflet on alcohol given
	<input type="checkbox"/>	3 – Patient offered, but declined leaflet on alcohol
	<input type="checkbox"/>	4 – Continued monitoring
	<input type="checkbox"/>	5 – Patient referred to other provider in practice for brief advice to reduce alcohol consumption
	<input type="checkbox"/>	6 – Patient referred to other provider outside practice for brief advice to reduce alcohol consumption
	<input type="checkbox"/>	7 – Patient leaflet on depression given
	<input type="checkbox"/>	8 – Patient offered, but declined leaflet on depression
	<input type="checkbox"/>	9 – Patient referred to specialist service for alcohol
	<input type="checkbox"/>	10 – Patient referred to specialist service for depression/suicide risk
	<input type="checkbox"/>	11 – Other

	<input type="checkbox"/>	12 – Time did not allow, but
	<input type="checkbox"/>	13 – I made follow-up appointment
<input type="checkbox"/>	14 – Patient declined brief advice to reduce alcohol consumption	

*document1-14/
document11.other*