





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 use of alcoholic beverages during the past three months.”
- Explain what is meant by “alcoholic beverages” 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 glass (shot) of brandy or whisky, one medium glass of or 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		<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 ≥ 8 Apply remaining AUDIT questionnaire							

INS29_Arm1234_Provider_Extended Tally Sheet_phase2_EN
Extended patient tally sheet

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 about your drinking or suggested you cut down?	No		Yes, but not in the past 3 months		Yes, during the past 3 months	<i>audit10</i>
Sum score questions 4-10 (possible range 0-28)						<i>audit7.sum</i>
Sum score full AUDIT-10 (possible range 0-40)						<i>audit10.sum</i>
Now MOVE to PHQ2 Depression Screening.						

Pre- Screen Question

Question	1 – Yes	2 – No
Have you been asked about your depression at an appointment in the last year?		
If NO apply PHQ2 Depression Screening. If YES end here, there is no need to screen again.		

Last year.dep

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	<i>phq1</i>
2 Feeling down, depressed, or hopeless	0	1	2	3	<i>phq2</i>
Sum score (possible range 0-6)				__ __	<i>phq2.sum</i>
If PHQ-2 score \geq 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	<i>phq3</i>
4 Feeling tired or having little energy	0	1	2	3	<i>phq4</i>
5 Poor appetite or overeating	0	1	2	3	<i>phq5</i>
6 Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3	<i>phq6</i>
7 Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3	<i>phq7</i>
8 Moving or speaking so slowly that other people could have noticed. Or the opposite being so figety or restless that you have been moving around a lot more than usual	0	1	2	3	<i>phq8</i>
9 Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3	<i>phq9</i>
Sum score questions 3-9 (possible range 0-21)				__ __	<i>phq6.sum</i>
Sum score full PHQ-9 (possible range 0-27)				__ __	<i>phq9.sum</i>
IF PHQ-9 question 9 score \geq2 Stop and consider if monitoring of the patient or referral to specialist services for suicide risk are appropriate					

Taking record of brief advice or referral

(to be filled in at the end of the consultation)

<p>Brief advice and referral <i>(more than one answer is possible)</i></p>	<ul style="list-style-type: none"> <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 <p>-----</p> <ul style="list-style-type: none"> <input type="checkbox"/> 12 – Time did not allow, but <ul style="list-style-type: none"> <input type="checkbox"/> 13 – I made follow-up appointment <input type="checkbox"/> 14 – Patient declined brief advice to reduce alcohol consumption
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document1-14/
document11.other

<p>In case brief advice was provided, which parts were included? <i>(more than one answer is possible)</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> 1 – Provided personalized feedback on alcohol consumption <input type="checkbox"/> 2 – Assigned responsibility to the patient <input type="checkbox"/> 3 – Handed out the patient booklet <input type="checkbox"/> 4 – Explained what low risk drinking is <input type="checkbox"/> 5 – Explained high risk drinking times <input type="checkbox"/> 6 – Explained standard drinks <input type="checkbox"/> 7 – Explained the health effects of alcohol <input type="checkbox"/> 8 – Explained the social effects of alcohol <input type="checkbox"/> 9 – Explained that most people are low risk drinkers/abstinent <input type="checkbox"/> 10 – Explained the benefits of cutting down <input type="checkbox"/> 11 – Explained ways of reducing alcohol intake <input type="checkbox"/> 12 – Helped to set a goal <input type="checkbox"/> 13 – Introduced a drink diary <input type="checkbox"/> 14 – Reinforced self-efficacy <input type="checkbox"/> 15 – Identified support <input type="checkbox"/> 16 – Advised to cut down on alcohol consumption <input type="checkbox"/> 17 – Provided ideas how to cut down on alcohol consumption
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advice1-17