|  |  |
| --- | --- |
| (Add logo here) | **AUDIT Alcohol Use Screener** |
| **Attach label here****Patient name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****MRN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Please circle your answer for each question:** | **Points per response** |
|  |  | 0 | 1 | 2 | 3 | 4 |
| 1.  | How often do you have a drink containing alcohol? | Never  | Monthly | 2 to 4 times a month | 2 to 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 or 2 | 3 or 4 | 5 or 6 | 7 to 9 | 10 or more |
| 3.  | How often do you have 5 or more 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 worker been concerned about your drinking or suggested you cut down? | No |  | Yes, but not in the last year |  | Yes, during the last year |
| -------------------------------------------------------------***PATIENTS STOP HERE***--------------------------------------------------------------- |
| **STAFF** add subtotal for each column. **Subtotals:** |  |  |  |  |  |
| **STAFF** add subtotals andenter **TOTAL SCORE:** |  |

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| ***-------------------------------------------------------------------FOR CLINIC STAFF--------------------------------------------------------------------*** |
| Men | Women | **Review the score from the AUDIT. Use the scale below to help determine disorder vs. risky behavior** |
| <6 | <4 | Alcohol use disorder unlikely. Proceed with counseling for risky drinking. |
| 6-14 | 4-12 | Review questions 4-6: If score <2, proceed with counseling for risky drinking. If score ≥2, alcohol use disorder likely. Consider referral. |
| ≥15 | ≥13 | Alcohol use disorder likely. Consider referral. |
| **Counseling — Abbreviated outline of 5 A’s approach; use Provider Guide and Patient Guide as needed for support** |
| ***Step 1:*** | ***Assess*** |
|  | Would you mind if we talked for a few minutes about drinking and your health?  |
|  | How does drinking fit into your life? |
|  | What do you know about drinking and your health? |
| ***Step 2:*** | ***Advise (on healthy levels of alcohol use)*** |
|  | Discuss health problems associated with risky drinking. |
|  | Describe what counts as a standard drink. |
|  | Counsel patient about recommended drinking limits. |
|  | * For healthy men <65: ≤4 drinks in a day AND ≤14 drinks in a week.
 |
|  | * For healthy women and healthy men ≥65: ≤3 drinks in a day AND ≤7 drinks in a week.
 |
|  | Ask patient to keep a log of drinking for 1 month (use dot phrase for AVS or pamphlet in room). |
| ***Step 3:*** | ***Assist (in exploring reasons for change)*** |
|  | How important is it to you to change the amount of alcohol you drink? |
|  | How confident are you that you could change the amount of alcohol you drink? |
| ***Step 4:*** | ***Agree (on options for risk reduction)*** |
|  | Are you ready to think about making a change in your drinking? |
|  | Would you be interested in seeing a list of things that other patients have tried? |
| ***Step 5:*** | ***Arrange follow up in 1 month*** |
| **Referral Options**  |
| **Freedom House:** Short-term detox for patients (all counties). Outpatient available for some counties. 919-442-1844 |
| **Managed Care Organizations (MCOs):** Monitor substance use/addiction services for uninsured and low income residents.  |
| * Cardinal Innovations (Orange, Chatham, Alamance and many more) 1-800-939-5911
 |
| * Alliance Behavioral (Durham, Cumberland, Johnston and Wake) 1-800-510-9132
 |
| * Residential Treatment Services (RTS) (Alamance)
 |
| * El Futuro (Durham, Chatham) 919-688-7101 x600. Bilingual staff (Spanish/English)
 |
| **Alcoholics Anonymous:** Hotline 888-237-3235 (Orange, Chatham, Alamance); 919-783-6144 (Wake); 919-286-9499 (Durham). **Al-Anon:** 1-888-425-2666 |
| **Document AUDIT scores and counseling in patient chart**  |