AUDIT Screen websites

1. For Veterans who may have a more serious alcohol use disorder, see this webpage:

   https://www.hepatitis.va.gov/alcohol/treatment/audit-c.asp#S1X

2. For a self test computerized version of the AUDIT see this webpage:

   https://auditscreen.org/

3. For World Health Organization material and research on substance use, abuse and dependence, see this webpage:

   https://www.who.int/substance_abuse/activities/sbi/en/

4. For WHO Brief Intervention Guide see this webpage

   https://apps.who.int/iris/bitstream/handle/10665/67210/WHO_MSD_MSB_01.6b.pdf?sequence=1

Alcohol screening questionnaire (AUDIT)

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

One drink equals:

12 oz. beer

5 oz. wine

1.5 oz. liquor (one shot)

1. How often do you have a drink containing alcohol?	Never	Monthly or less	Two to four times a month	Two to three times a week	Four or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	Zero to two	Three or four	Five or six	Seven to nine	Ten or more
3. How often do you have six 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, in 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, in the last year
	0	1	2	3	4

I	II	III	IV
0	8	16	20

AUDIT cues ti on a rio de p ru eb a de d ete cci 6 n de a lc o hol

Deb ido qu e inger ir alco ho l pu ede afe ct ar su salud e int erf eri r con ciert os m edic am en t os y trat amient os, es imp ort ante que le hagamos algunas pregunt assobre su uso del alcohol. Sise siente inc6modo al llenar este formulario, hagaselo saber a su proveedo r de atenci6n medica.

Una bebi da estand ar equi vale a:

- 1.5 oz de licor (por ejemplo, un trago de whisky)
- 1 2 ozcerveza
- 5 o zde vino

Bebida mixta o cóctel

cerveza vino

Preguntas	0	1	2	3	4
l . t.Con que frecuencia to ma una bebida que contenga alcohol?	Nunca	Mensualm ente o menos	2 a 4 veces al mes	2 a 3 veces **a la** se mana	4 o mas veces a la sem ana
2. t.Cui!ntas bebidas que contengan alcohol t oma en un dfa norm al cuando bebe?	1 6 2	3 6 4	5 6 6	7 a 9	l Oo m.is
3. t.Con que frecuencia to ma seis o mas t rago s en una ocas i6 n?	Nun ca	Menos que m ensu alm ente	Mensualm ente	Se ma nalm ente	Diariam ent e o casi diariament e
4. t.Con que frecuencia d urante el Ult imo aiio *se* dio cuenta q ue no podia parar de beber una vez que com enzaba?	Nunca	M enos que mensu alm ente	Mensualm ente	Se ma nalm ente	Diariam ent e o cas i diariament e
5. *l Con* qu e fr ecuencia d uran t e el Ultimo ario no pudo hacer lo que *se* esperaba normalment e de u st ed debido a estar bebiendo?	Nunca	Menos que m ensualm ente	Mensualm ente	Semanalm ent e	Diariam ent e o casi diariament e
6. *l Con* qu e fr ecuencia d uran t e el Ultimo ario ha necesitado de un primer tr ago en la mariana para iniciar unaactividad despues de una fuert e sesi6n de bebidas?	Nunca	Menos que mensualm ente	Mensualm ente	Semanalm ent e	Diariam ent e o casi diariament e
7. *l Con* que frecuencia durante el Ultimo ario ha tenido un sentimiento de culpa o remordimiento despues de beber?	Nunca	Menos que m ensualm ente	Mensualm ente	Semanalm ent e	Diariam ent e o casi diariament e
8. *l Con* qu e fr ecuencia d uran t e el Ultimo ario no ha podido recordar lo que sucedi6 la noche anterior debido a que estuvo bebiendo?	Nunca	Menos que mensualm ente	Mensualm ente	Semanalm ent e	Diariam ent e o casi diariament e
9. l Usted o alguien mas han sido last imados debido a que usted est uviera bebiendo?	No		Si, pero no en el Ultim o ario		Si, dur ante el Ultim o aiio
10. l AlgUn famili,ar amigo, medico u otro trabajador de atenci6n medica ha estado preocupado con el hecho que usted beba o le ha sugerido que lo deje?	No		Si, pero no en el Ultim o ario		Si, dur ante el Ultim o aiio

I	II	III	IV
0	8	16	20

Template for Scoring the SBIRT-AUDIT Form/ DAST-10

Score: _____

Scores for questions 1 through 8 are –

1st response = 0

2nd response = 1

3rd response = 2
3

5th response = 4

Scores for questions 9 and 10 are –

1st response = 0

2nd response = 2

3rd response = 4 4th response =

Score	Degree of problem related to alcohol consumption	Suggested Action
0	No problems reported.	No action at this time.
1-7	Low level.	Monitor, reassess at a later time.
8-12, female 8-14, male	Moderate level. Associated w/ harmful or hazardous drinking.	Further investigation. Consider for Project Lazarus.
>= 13, female	Substantial to severe level. Likely to indicate alcohol dependence.	Intensive assessment. Consider for Project Lazarus.
>= 15, male	Substantial to severe level. Likely to indicate alcohol dependence.	Intensive assessment. Consider for Project Lazarus.

Adapted from Saunders JB, Aasland OG, Babor TF *et al*. Development of the alcohol use disorders identification test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption —II. *Addiction* 1993, **88: 791–803.

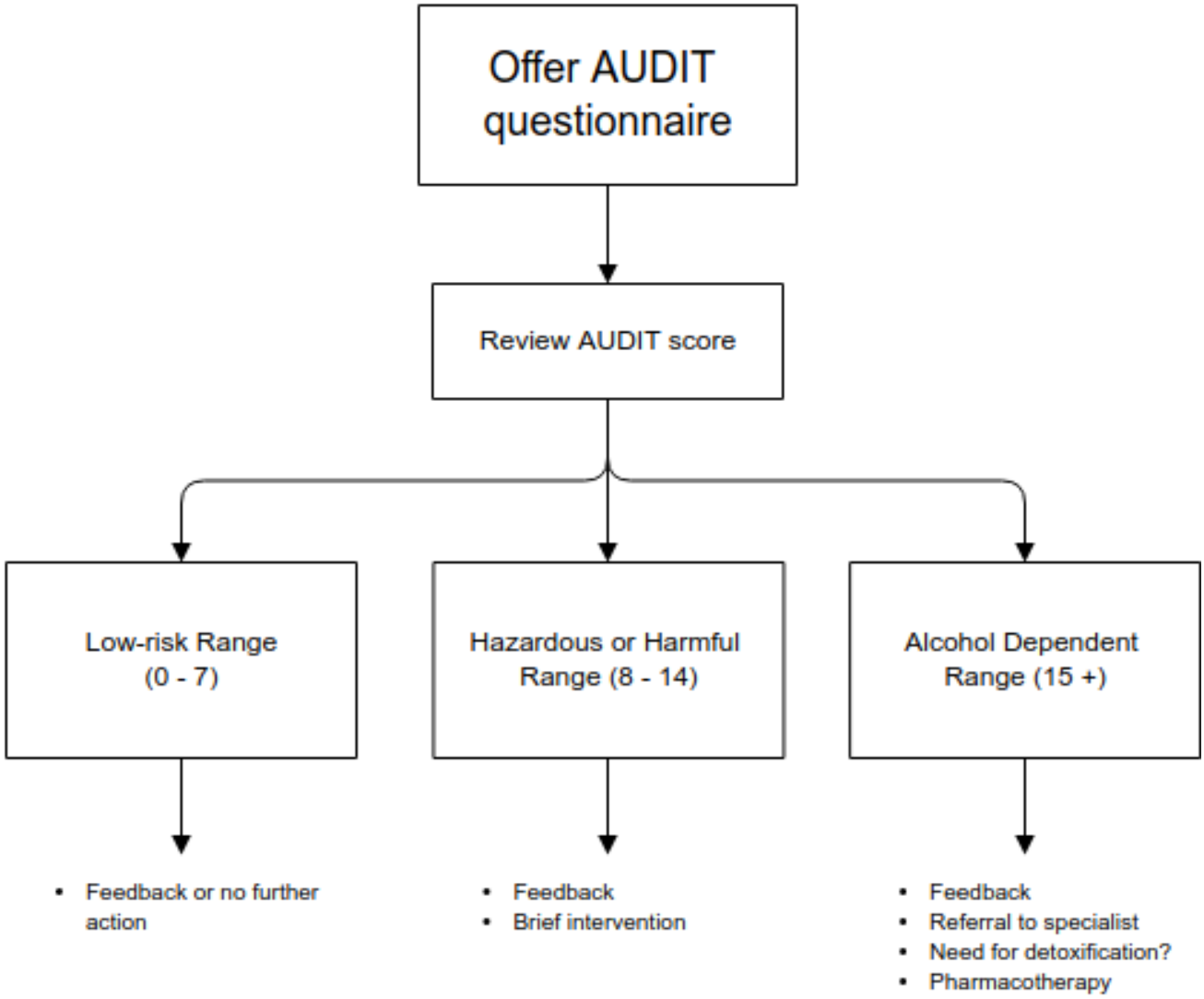
TEMPLATE FOR SCORING THE DAST-10©

Score:_____

Score 1 point for each question answered "yes," except for question 3 for which a "no" receives 1 point.

DAST-10 Interpretation

Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported.	None at this time.
1-2	Low level.	Monitor, reassess at a later date.
3-5	Moderate level.	Further investigation. Consider for Project Lazarus.
6-8	Substantial level.	Intensive assessment. Consider for Project Lazarus.
9-10	Severe level.	Intensive assessment. Consider for Project Lazarus.


Offer AUDIT questionnaire
Review AUDIT score
Low-risk Range (0 - 7)
Hazardous or Harmful Range (8 - 14)
Alcohol Dependent Range (15 +)
• Feedback or no further action
• Feedback
• Brief intervention
• Feedback
• Referral to specialist
• Need for detoxification?
• Pharmacotherapy

Brief health screen

We ask all our adult patients about substance use and mood because these factors can affect your health. Please ask your doctor if you have any questions. Your answers on this form will remain confidential.

Patient name: _____

Date of birth: _____

Alcohol: One drink =

12 oz. beer

5 oz. wine

1.5 oz. liquor (one shot)

	None	1 or more
MEN: How many times in the past year have you had 5 or more drinks in a day?	○	○
WOMEN: How many times in the past year have you had 4 or more drinks in a day?	○	○

Drugs: Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

	None	**1 or more**
How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons?	○	○

Mood:	No	Yes
During the past two weeks, have you been bothered by little interest or pleasure in doing things?	○	○
During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?	○	○

INTERPRETING SCORES

Alcohol: Patients who answer “1 or more” should receive a full alcohol screen (such as the AUDIT).*

Drugs: Patients who answer “1 or more” should receive a full drug screen (such as the DAST).*

Mood: Patients who answer “Yes” to either question should receive a full screen for depression (such as the PHQ-9).

* Smith P, Schmidt S, Allensworth-Davies D, Saitz R. “Primary Care Validation of a Single-Question Alcohol Screening Test.” J Gen Intern Med 24(7):783–8. 2009

* Smith P, Schmidt S, Allensworth-Davies D, Saitz R. “A Single-Question Screening Test for Drug Use in Primary Care.” Arch Intern Med 170 (13): 1155-1160. 2010

Teen health screen (CRAFFT 2.1+N)

We ask all our teen patients about alcohol, drugs, and mood because these factors can affect your health. Please ask your doctor if you have any questions. Your answers on this form will remain confidential.

During the **PAST 12 months**, on how many days did you:	Number of days
1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none.	
2. Use any **marijuana** (weed, oil, or hash by smoking, vaping, or in food) or **"synthetic marijuana"** (like "K2," "Spice")? Put "0" if none.	
3. Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Put "0" if none.	
4. Use any **tobacco or nicotine** products (for example, cigarettes, e-cigarettes, hookahs or smokeless tobacco)? Say "0" if none.	

If you put **"0" in ALL** of the boxes above, ANSWER QUESTION 5, THEN STOP. If you put **"1" or higher in ANY** of the boxes above, ANSWER QUESTIONS 5-10.

	No	**Yes**
5. Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
6. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	☐	☐
7. Do you ever use alcohol or drugs while you are by yourself, or alone?	☐	☐
8. Do you ever forget things you did while using alcohol or drugs?	☐	☐
9. Do your family or friends ever tell you that you should cut down on your drinking or drug use?	☐	☐
10. Have you ever gotten into trouble while you were using alcohol or drugs?	☐	☐

PHQ-9 Modified for Teens:

How often have you been bothered by each of the following symptoms during the past **TWO WEEKS?**	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things?	☐	☐	☐	☐
2. Feeling down, depressed, irritable, or hopeless?	☐	☐	☐	☐

If you answered "Not at all" to both questions above, you are finished answering questions.

Otherwise, please continue answering all the questions below.

3. Trouble falling asleep, staying asleep, or sleeping too much?	☐	☐	☐	☐
4. Feeling tired, or having little energy?	☐	☐	☐	☐
5. Poor appetite, weight loss, or overeating?	☐	☐	☐	☐
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?	☐	☐	☐	☐
7. Trouble concentrating on things like school work, reading, or watching TV?	☐	☐	☐	☐
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?	☐	☐	☐	☐
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	☐	☐	☐	☐
	0	1	2	3

In the **PAST YEAR,** have you felt depressed or sad most days, even if you felt okay sometimes?	☐ Yes	☐ No
If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people? ☐ Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult		
Has there been a time in the past month when you have had serious thoughts about ending your life?	☐ Yes	☐ No
Have you **EVER**, in your **WHOLE LIFE**, tried to kill yourself or made a suicide attempt?	☐ Yes	☐ No

Modified with permission by the GLAD-PC team from the PHQ-9 (Spitzer, Williams, & Kroenke, 1999), Revised PHQ-A (Johnson, 2002), and the CDS (DISC Development Group, 2000)

Interpreting the CRAFFT 2.1+N*

Any "Yes" responses for questions 5-10 are given one point.

Answers	**Risk**	**Action**
"No" to questions 1-4	No risk	Positive reinforcement
"Yes" to Car question	Riding risk	Discuss alternatives to riding with impaired drivers (Contract for Life)
CRAFFT score = 0	Low risk	Brief advice
CRAFFT score = 1	Medium risk	Brief intervention
CRAFFT score ≥ 2	High risk	Brief intervention (offer options that include treatment)

Interpreting the PHQ-9 Modified for Teens**

Answers to questions #1-9 each receive 0-3 points (point values found at the bottom of each answer column). Points are added for a total score.

Score	**Depression severity**	**Proposed action**
0 - 4	None - minimal	None.
5 - 9	Mild	Watchful waiting, repeat depression screening at follow-up.
10 - 14	Moderate	Create treatment plan, consider counseling and/or pharmacotherapy or another follow-up visit.
15 - 19	Moderately severe	Active treatment with pharmacotherapy and/or psychotherapy.
20 - 27	Severe	Immediate initiation of pharmacotherapy and if severe impairment or poor response to therapy, expedited referral to mental health specialist.
"Yes" answer on any suicide question		Immediate follow up

* *Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria* for alcohol and other drugs: a reevaluation and reexamination. Substance Abuse, 35(4), 376–80.

***Richardson L, McCauley E, Grossman DC, McCarty CA, Richards J, Russo JE, Rockhill C, Katon W. Evaluation of the Patient Health* Questionnaire-9 Item for Detecting Major Depression Among Adolescents. Pediatrics. 2010;126(6).

Drug Screening Questionnaire (DAST)

Patient name: _____

Date of birth: _____

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

- ☐ methamphetamines (speed, crystal)
- ☐ cannabis (marijuana, pot)
- ☐ inhalants (paint thinner, aerosol, glue)
- ☐ tranquilizers (valium)
- ☐ cocaine
- ☐ narcotics (heroin, oxycodone, methadone, etc.)
- ☐ hallucinogens (LSD, mushrooms)
- ☐ other _____

How often have you used these drugs? ☐ Monthly or less ☐ Weekly ☐ Daily or almost daily

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes
	0	1

Have you ever injected drugs? ☐ Never ☐ Yes, in the past 90 days ☐ Yes, more than 90 days ago

Have you ever been in treatment for substance abuse? ☐ Never ☐ Currently ☐ In the past

I	II	III	IV
0	1-2	3-5	6+

Scoring and interpreting the DAST:

"Yes" responses receive one point each and are added for a total score. The score correlates with a zone of use that can be circled on the bottom right corner of the page.

Score	Zone of use	Indicated action
0	**I – Healthy** (no risk of related health problems)	None
1 - 2, plus the following criteria: No daily use of any substance; no weekly use of drugs other than cannabis; no injection drug use in the past 3 months; not currently in treatment.	**II – Risky** (risk of health problems related to drug use)	Offer advice on the benefits of abstaining from drug use. Monitor and reassess at next visit. Provide educational materials.
1 - 2 (without meeting criteria)		Brief intervention
3 - 5	**III – Harmful** (risk of health problems related to drug use and a possible mild or moderate substance use disorder)	Brief intervention or Referral to specialized treatment
6+	**IV – Severe** (risk of health problems related to drug use and a possible moderate or severe substance use disorder)	Referral to specialized treatment

Brief intervention: Patient-centered discussion that employs Motivational Interviewing concepts to raise an individual's awareness of his/her substance use and enhancing his/her motivation towards behavioral change. Brief interventions are typically performed in 3-15 minutes, and should occur in the same session as screening. The recommended behavior change is to abstain from illicit drug use.

Patients with numerous or serious negative consequences from their substance use, or patients with likely dependence who cannot or will not obtain conventional specialized treatment, should receive more numerous and intensive interventions with follow up.

Referral to specialized treatment: A proactive process that facilitates access to specialized care for individuals who have been assessed to have substance use dependence. These patients are referred to drug treatment experts for more definitive, in-depth assessment and, if warranted, treatment. The recommended behavior change is to abstain from use and accept the referral.