

AUDIT

Introduction

The Alcohol Use Disorders Identification Test (AUDIT) is a 10-item screening tool developed by the World Health Organization (WHO) to assess alcohol consumption, drinking behaviors, and alcohol-related problems. Both a clinician-administered version (page 1) and a self-report version of the AUDIT (page 2) are provided. Patients should be encouraged to answer the AUDIT questions in terms of standard drinks. A chart illustrating the approximate number of standard drinks in different alcohol beverages is included for reference. A score of 8 or more is considered to indicate hazardous or harmful alcohol use. The AUDIT has been validated across genders and in a wide range of racial/ethnic groups and is well-suited for use in primary care settings. Detailed guidelines about use of the AUDIT have been published by the WHO and are available online: http://whqlibdoc.who.int/hq/2001/who_msd_msb_01.6a.pdf

The Alcohol Use Disorders Identification Test: Interview Version

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

1. How often do you have a drink containing alcohol?

- (0) Never [Skip to Qs 9-10]
- (1) Monthly or less
- (2) 2 to 4 times a month
- (3) 2 to 3 times a week
- (4) 4 or more times a week

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?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

- (0) 1 or 2
- (1) 3 or 4
- (2) 5 or 6
- (3) 7, 8, or 9
- (4) 10 or more

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

3. How often do you have six or more drinks on one occasion?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) 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?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

- (0) No
- (2) Yes, but not in the last year
- (4) Yes, during the last year

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?

- (0) No
- (2) Yes, but not in the last year
- (4) Yes, during the last year

Record total of specific items here

If total is greater than recommended cut-off, consult User's Manual.


The Alcohol Use Disorders Identification Test: Self-Report Version

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 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 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, 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	
					Total	

STANDARD DRINK EQUIVALENTS	APPROXIMATE NUMBER OF STANDARD DRINKS IN:
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BEER or COOLER

12 oz.

 ~5% alcohol

- 12 oz. = 1
- 16 oz. = 1.3
- 22 oz. = 2
- 40 oz. = 3.3

MALT LIQUOR

8-9 oz.

 ~7% alcohol

- 12 oz. = 1.5
- 16 oz. = 2
- 22 oz. = 2.5
- 40 oz. = 4.5

TABLE WINE

5 oz.

 ~12% alcohol

a 750 mL (25 oz.) bottle = 5

80-proof SPIRITS (hard liquor)

1.5 oz.

 ~40% alcohol

- a mixed drink = 1 or more*
- a pint (16 oz.) = 11
- a fifth (25 oz.) = 17
- 1.75 L (59 oz.) = 39

*Note: Depending on factors such as the type of spirits and the recipe, one mixed drink can contain from one to three or more standard drinks.

ASSIST screening tool

Patient name: _____

Date of birth: _____

The ASSIST is designed to be administered by a health professional as part of a verbal interview with an adult patient. Alternatively, it can be self-administered electronically, applying automatic skip patterns based on patient answers.

The ASSIST can be modified based on which substances are screened for and what language is used to describe these substances. This version screens for non-medical drug use only, and uses language that defines misuse of three types of prescription drugs.

Sample introductory text: "Thank you for taking part in this brief interview about recreational drug use. I'm going to ask some questions about your experience using these substances in your life and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills."

Question 1

In your life, which of the following substances have you <u>ever used</u> ?	No	Yes
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	3
b. Cocaine (coke, crack, etc.)	0	3
c. Prescription stimulants just for the feeling, more than prescribed, or that were not prescribed for you. (Ritalin, Adderall, diet pills, etc.)	0	3
d. Methamphetamine (meth, crystal, speed, ecstasy, molly, etc.)	0	3
e. Inhalants (nitrous, glue, paint thinner, poppers, whippets, etc.)	0	3
f. Sedatives just for the feeling, more than prescribed, or that were not prescribed for you. (sleeping pills, Valium, Xanax, tranquilizers, benzos, etc.)	0	3
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	3
h. Street opioids (heroin, opium, etc.)	0	3
i. Prescription opioids just for the feeling, more than prescribed, or that were not prescribed for you. (Fentanyl, Oxycodone, OxyContin, Percocet, Vicodin, methadone, Buprenorphine, etc.)	0	3
j. Any other drugs to get high. Specify:	0	3

Patients who answer "no" to all questions, or who do not provide any answers, are done. Patients who answer "yes" to any question should proceed to Question 2.

Question 2

In the <u>past three months</u> , how often have you used the substances you mentioned [FIRST DRUG, SECOND DRUG, ETC]?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
[FIRST DRUG]	0	2	3	4	6
[SECOND DRUG]	0	2	3	4	6
[THIRD DRUG]	0	2	3	4	6
[Etc.]	0	2	3	4	6

Patients who answer "never" for all drugs on question 2, or who do not provide any answers, should skip to Question 6. All other patients proceed to Question 3.

Question 3

During the <u>past three months</u> , how often have you had a strong desire or urge to use [FIRST DRUG, SECOND DRUG, ETC]?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
[FIRST DRUG]	0	3	4	5	6
[SECOND DRUG]	0	3	4	5	6
[THIRD DRUG]	0	3	4	5	6
[Etc.]	0	3	4	5	6

Question 4

During the <u>past three months</u> , how often has your use of [FIRST DRUG, SECOND DRUG, ETC] led to health, social, legal or financial problems?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
[FIRST DRUG]	0	4	5	6	7
[SECOND DRUG]	0	4	5	6	7
[THIRD DRUG]	0	4	5	6	7
[Etc.]	0	4	5	6	7

Question 5

During the <u>past three months</u> , how often have you failed to do what was normally expected of you because of your use of [FIRST DRUG, SECOND DRUG, ETC]?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
[FIRST DRUG]	0	5	6	7	8
[SECOND DRUG]	0	5	6	7	8
[THIRD DRUG]	0	5	6	7	8
[Etc.]	0	5	6	7	8

Question 6

Has a friend or relative or anyone else ever expressed concern about your use of [FIRST DRUG, SECOND DRUG, ETC.]?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
[FIRST DRUG]	0	6	3
[SECOND DRUG]	0	6	3
[THIRD DRUG]	0	6	3
[Etc.]	0	6	3

Question 7

Have you ever tried and failed to control, cut down or stop using [FIRST DRUG, SECOND DRUG, ETC.]?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
[FIRST DRUG]	0	6	3
[SECOND DRUG]	0	6	3
[THIRD DRUG]	0	6	3
[Etc.]	0	6	3

Question 8

Have you ever used any drug by injection? (NON-MEDICAL USE ONLY)	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months

Patients who answer "Yes, in the past 3 months" for Question 8 should be asked the two extra drug injection questions below. All other patients are finished.

Extra drug injection questions

During the past three months, how often have you injected drugs?	Once per week or less	More than once per week
During the past three months, have you ever injected drugs three or more days in a row?	Yes	No

Score sheet and indicated responses

	Total score for questions #2–7 for each substance
Cannabis	
Cocaine	
Prescription stimulants	
Methamphetamine	
Inhalants	
Sedatives	
Hallucinogens	
Street opioids	
Prescription opioids	
Other drugs	

Score	Indicated response*
0 – 3 (0 – 4 for cannabis)	No intervention
4 – 26 (5 – 26 for cannabis)	Brief intervention
27+	Referral to specialized treatment
<p><i>Note:</i> Patients who have injected drugs (non-medical use) in the last three months, but no more than once per week or never more than three days in a row, should receive a brief intervention. All other patients who have injected drugs in the last three months should receive a referral to specialized treatment.</p>	

Brief intervention: Patient-centered discussion that employs Motivational Interviewing concepts to raise an individual’s awareness of their substance use and enhances their 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 recreational drug use.

Patients with numerous or serious negative consequences from their substance use (who likely have a substance use disorder) and cannot or will not obtain conventional specialized treatment, should receive more numerous and intensive interventions with follow up (sometimes called brief treatment).

Referral to treatment: A proactive process that facilitates access to specialized care for individuals who likely have a moderate or severe substance use disorder. These patients are referred to experts for more definitive, in-depth assessment and, if warranted, specialized treatment. The recommended behavior change is to abstain from use and accept treatment.

More resources: www.sbirtoregon.org

* Based on: Humeniuk RE, Henry-Edwards S, Ali RL, Poznyak V and Monteiro M (2010). The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Manual for Use in Primary Care. Geneva, World Health Organization.

Substance Abuse Screening Instrument (O4/05)

The Drug Abuse Screening Test (DAST) was developed in 1982 and is still an excellent screening tool. It is a 28-item self-report scale that consists of items that parallel those of the Michigan Alcoholism Screening Test (MAST). The DAST has "exhibited valid psychometric properties" and has been found to be "a sensitive screening instrument for the abuse of drugs other than alcohol.

The Drug Abuse Screening Test (DAST)

Directions: The following questions concern information about your involvement with drugs. Drug abuse refers to (1) the use of prescribed or "over-the-counter" drugs in excess of the directions, and (2) any non-medical use of drugs. Consider the past year (12 months) and carefully read each statement. Then decide whether your answer is YES or NO and check the appropriate space. Please be sure to answer every question.

	YES	NO
1. Have you used drugs other than those required for medical reasons?	___	___
2. Have you abused prescription drugs?	___	___
3. Do you abuse more than one drug at a time?	___	___
4. Can you get through the week without using drugs (other than those required for medical reasons)?	___	___
5. Are you always able to stop using drugs when you want to?	___	___
6. Do you abuse drugs on a continuous basis?	___	___
7. Do you try to limit your drug use to certain situations?	___	___
8. Have you had "blackouts" or "flashbacks" as a result of drug use?	___	___
9. Do you ever feel bad about your drug abuse?	___	___
10. Does your spouse (or parents) ever complain about your involvement with drugs?	___	___
11. Do your friends or relatives know or suspect you abuse drugs?	___	___
12. Has drug abuse ever created problems between you and your spouse?	___	___
13. Has any family member ever sought help for problems related to your drug use?	___	___
14. Have you ever lost friends because of your use of drugs?	___	___
15. Have you ever neglected your family or missed work because of your use of drugs?	___	___
16. Have you ever been in trouble at work because of drug abuse?	___	___
17. Have you ever lost a job because of drug abuse?	___	___
18. Have you gotten into fights when under the influence of drugs?	___	___
19. Have you ever been arrested because of unusual behavior while under the influence of drugs?	___	___
20. Have you ever been arrested for driving while under the influence of drugs?	___	___
21. Have you engaged in illegal activities in order to obtain drug?	___	___
22. Have you ever been arrested for possession of illegal drugs?	___	___
23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	___	___
24. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	___	___
25. Have you ever gone to anyone for help for a drug problem?	___	___
26. Have you ever been in a hospital for medical problems related to your drug use?	___	___
27. Have you ever been involved in a treatment program specifically related to drug use?	___	___
28. Have you been treated as an outpatient for problems related to drug abuse?	___	___

Scoring and interpretation: A score of "1" is given for each YES response, except for items 4,5, and 7, for which a NO response is given a score of "1." Based on data from a heterogeneous psychiatric patient population, cutoff scores of 6 through 11 are considered to be optimal for screening for substance use disorders. Using a cutoff score of 6 has been found to provide excellent sensitivity for identifying patients with substance use disorders as well as satisfactory specificity (i.e., identification of patients who do not have substance use disorders). Using a cutoff score of <11 somewhat reduces the sensitivity for identifying patients with substance use disorders, but more accurately identifies the patients who do not have a substance use disorders. Over 12 is definitely a substance abuse problem. In a heterogeneous psychiatric patient population, most items have been shown to correlate at least moderately well with the total scale scores. The items that correlate poorly with the total scale scores appear to be items 4,7,16,20, and 22.

The CRAFFT Screening Interview

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

- | During the PAST 12 MONTHS, did you: | No | Yes |
|--|--------------------------|--------------------------|
| 1. Drink any <u>alcohol</u> (more than a few sips)?
(Do not count sips of alcohol taken during family or religious events.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Smoke any <u>marijuana</u> or <u>hashish</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Use <u>anything else</u> to <u>get high</u> ?
("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff") | <input type="checkbox"/> | <input type="checkbox"/> |

For clinic use only: Did the patient answer "yes" to any questions in Part A?

No



Ask CAR question only, then stop

Yes



Ask all 6 CRAFFT questions

Part B

- | | No | Yes |
|---|--------------------------|--------------------------|
| 1. Have you ever ridden in a <u>CAR</u> driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you ever use alcohol or drugs to <u>RELAX</u> , feel better about yourself, or fit in? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you ever use alcohol or drugs while you are by yourself, or <u>ALONE</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you ever <u>FORGET</u> things you did while using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do your <u>FAMILY</u> or <u>FRIENDS</u> ever tell you that you should cut down on your drinking or drug use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever gotten into <u>TROUBLE</u> while you were using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |

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The information recorded on this page may be protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOT sufficient for this purpose.

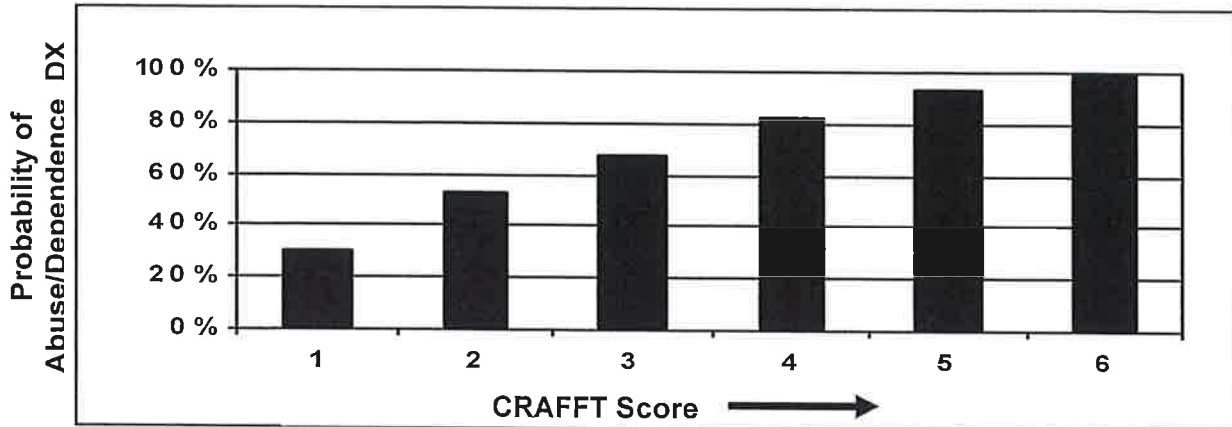
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SCORING INSTRUCTIONS: FOR CLINIC STAFF USE ONLY

CRAFFT Scoring: Each "yes" response in **Part B** scores 1 point.
A total score of 2 or higher is a positive screen, indicating a need for additional assessment.

Probability of Substance Abuse/Dependence Diagnosis Based on CRAFFT Score^{1,2}



DSM-IV Diagnostic Criteria³ (Abbreviated)

Substance Abuse (1 or more of the following):

- Use causes failure to fulfill obligations at work, school, or home
- Recurrent use in hazardous situations (e.g. driving)
- Recurrent legal problems
- Continued use despite recurrent problems

Substance Dependence (3 or more of the following):

- Tolerance
- Withdrawal
- Substance taken in larger amount or over longer period of time than planned
- Unsuccessful efforts to cut down or quit
- Great deal of time spent to obtain substance or recover from effect
- Important activities given up because of substance
- Continued use despite harmful consequences

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References:

1. Knight JR, Shrier LA, Bravender TD, Farrell M, Vander Bilt J, Shaffer HJ. A new brief screen for adolescent substance abuse. Arch Pediatr Adolesc Med 1999;153(6):591-6.
2. Knight JR, Sherritt L, Shrier LA, Harris SK, Chang G. Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. Arch Pediatr Adolesc Med 2002;156(6):607-14.
3. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision. Washington DC, American Psychiatric Association, 2000.