

Alcohol use assessment form

Complete for patients whose drinking exceeds the low-risk drinking guidelines, who screen positive on the CAGE or "problem" question, or who present with an alcohol-related problem.

Patient name: _____

Chart no.: _____

Date: _____

1. Alcohol use history

Use one or both of the following ways to take an alcohol use history.

A drink is defined as 12 oz. beer (5% alcohol),
 5 oz. wine (10–12% alcohol) or
 1½ oz. liquor (40% alcohol).

15-day timeline

Record the patient's drinks per day for the past 15 days, starting with yesterday and working backwards.

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Past six months

The completed 15-day timeline may be used to estimate drinking in the past six months.

Average number of **drinks** / week: _____

Average number of **drinking days** / week: _____

Average number of **drinks per drinking day**: _____

Maximum **consumption in one day** in past month: _____

2. Additional history

	Y	N	Comments
Prescription drug use (e.g., benzodiazepines, opioids)			
Illicit drug use (e.g., cannabis, cocaine, opioids)			
Psychiatric problems (e.g., panic attacks, anxiety, depression, suicidal ideation, psychosis)			
Drinking and driving			
Concerns about family violence			

3. DSM-IV criteria for alcohol dependence

Ask the patient about his or her drinking in the same 12-month period. Check the box if the patient gives a positive response.

- 1. **Tolerance:** “Does it take more drinks than before to get the same effect?”
- 2. **Withdrawal:** “Do you experience any of the following when you don’t drink: tremor, sweating; seizures, hallucinations? Do you ever have a drink in the morning to help you feel better?”
- 3. **Taking larger amounts than intended:** “Do you often drink more than you had planned?”
- 4. **Unsuccessful efforts to reduce alcohol use:** “Have you tried to cut down or stop drinking but found that you couldn’t?”
- 5. **Preoccupation with drinking:** “Do you plan events around drinking? Do you spend a lot of time drinking or recovering from its effects?”
- 6. **Reduces important activities because of alcohol:** “Does your drinking cause you to miss a lot of time from work or spend less time with family or friends?”
- 7. **Continued drinking despite knowledge of alcohol-related physical or psychological problems:** “Does drinking cause problems with your physical or mental health?”

4. Physical assessment and laboratory evaluation

	Normal	Abnormal	Comments
BP			
Liver			
Neurological (esp. over 60 years)			
GGT			
MCV			

5. Consequences of drinking

	“Minor” problem(s):	“Major” problem(s):
Physical examination (see Section 4)	<input type="checkbox"/> Fatty liver <input type="checkbox"/> Asymptomatic hepatitis <input type="checkbox"/> Gastritis without GI bleed <input type="checkbox"/> Minor trauma <input type="checkbox"/> Mild/moderate hypertension <input type="checkbox"/> Other _____	<input type="checkbox"/> Cirrhosis <input type="checkbox"/> Symptomatic alcoholic hepatitis <input type="checkbox"/> Pancreatitis <input type="checkbox"/> GI bleed <input type="checkbox"/> Trauma requiring hospitalization <input type="checkbox"/> Other _____
Interpersonal <i>“How has your drinking affected relationships with spouse or family?”</i>	<input type="checkbox"/> Argument or strained relationships only	<input type="checkbox"/> Relationships lost or about to be broken due to alcohol use
Vocational <i>“How has your drinking affected your work or school performance?”</i>	<input type="checkbox"/> Performance somewhat affected (loss of time or reduced capacity at work or school, or complaints)	<input type="checkbox"/> Actual or threatened loss of job
Legal <i>“Has your drinking caused you any legal problems?”</i>	<input type="checkbox"/> Fines or probation only	<input type="checkbox"/> Imprisonment (assaults, robberies, impaired driving causing injury)

6. Assessment

Alcohol dependent

- Three or more checks in section 3 (DSM-IV) or
- Withdrawal (DSM-IV criteria #2) or
- One or more major problems as a consequence of drinking (section 5) or
- 50 or more standard drinks per week

At-risk drinking

- Drinks greater than 12 drinks per week
- Does NOT meet criteria for alcohol dependence

Recommended goal for alcohol consumption*

(check one)

- Abstinence
- Reduced drinking

** If one or more contraindications to drinking (pregnancy, active ulcer/gastritis, severe hepatitis/cirrhosis, pancreatitis, underage), advise abstinence.*