

# Alcohol Use Disorder Identification Test – Concise (AUDIT-C)

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

General Instructions: The Alcohol Use Disorders Identification Test-Concise (AUDIT-C) is a brief alcohol screening instrument. Please give a response for each question.

## 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 standard drinks containing alcohol do you have on a typical day?

- ☐ 1 or 2
- ☐ 3 to 4
- ☐ 5 to 6
- ☐ 7 to 9
- ☐ 10 or more

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

- ☐ Never
- ☐ Weekly
- ☐ Monthly
- ☐ Less than monthly
- ☐ Daily or almost daily

Family Health

Bush K, Kivlahan DR, et al (1998). The AUDIT alcohol consumption questions (AUDIT-C): An effective brief screening test for problem drinking. Ambulatory Care Quality Improvement Project (ACQUIP). Arch Intern Med. 158:1789-95.

# DAST-10

## Introduction

The Drug Abuse Screening Test (DAST-10) is a 10-item brief screening tool that can be administered by a clinician or self-administered. Each question requires a yes or no response, and the tool can be completed in less than 8 minutes. This tool assesses drug use, not including alcohol or tobacco use, in the past 12 months.

## DAST-10 Questionnaire

I'm going to read you a list of questions concerning information about your potential involvement with drugs, excluding alcohol and tobacco, during the past 12 months.

When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications/drugs in excess of the directions and any non-medical use of drugs. The various classes of drugs may include: cannabis (e.g., marijuana, hash), solvents, tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions do not include alcohol or tobacco.

If you have difficulty with a statement, then choose the response that is mostly right.  
You may choose to answer or not answer any of the questions in this section.

These questions refer to the past 12 months.	No	Yes
1. Have you used drugs other than those required for medical reasons?	0	1
2. Do you abuse more than one drug at a time?	0	1
3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes.")	1	0
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	0	1
5. Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No."	0	1
6. Does your spouse (or parents) ever complain about your involvement with drugs?	0	1
7. Have you neglected your family because of your use of drugs?	0	1
8. Have you engaged in illegal activities in order to obtain drugs?	0	1
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	0	1

## Interpreting the DAST 10

In these statements, the term "drug abuse" refers to the use of medications at a level that exceeds the instructions, and/or any non-medical use of drugs. Patients receive 1 point for every "yes" answer with the exception of question #3, for which a "no" answer receives 1 point. DAST-10 Score Degree of Problems Related to Drug Abuse Suggested Action.

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

Skinner, H. A. (1982). The Drug Abuse Screening Test. *Addictive Behavior*, 7(4),363–371.



Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Welcome to Omni Family Health!

Our healthcare providers are asking every patient the age of 12 and over to answer a few questions about his/her health habits. These questions are asked in order to provide you with the best and most complete care possible by allowing your doctor to get a better understanding of your health habits. This form is confidential and will not be released to anyone outside of Omni Family Health without your signed permission. If you have any questions, please feel free to ask the front office staff for clarification.

#### Patient Health Questionnaire- 2 (PHQ-2)

Over the last two 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
2. Feeling down, depressed, or hopeless	0	1	2	3

For office coding: 0 + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_  
= Total Score \_\_\_\_\_

If the total score is more than zero (0), please proceed to answer the next questionnaire PHQ-9.

#### Patient Health Questionnaire- 9 (PHQ-9)

To be completed every 6 months

Over the last two 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
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or family down	0	1	2	3
7. Trouble concentration on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thinking that you would be better off dead, or that you want to hurt yourself in some way	0	1	2	3
Add Columns				
10. If you checked off any problems, 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