| Zone I: | Offer words and written advice about risks of alcohol and drug use;  |
|        | Praise for current low risk practices;  |
| Score 0-7 | Remind to stay within recommended allowances if they do drink:  |
| (Abstainers or very low risk users) | o "Standard drinks" (size, quantity);  |
|        | o Frequency;  |
|        | Remind about conditions under which NO ONE should drink (ex. pregnancy, under-age, certain medical conditions, driving/using machinery) |

| Zone II: | Review and guide the patient through the educational pamphlet:  |
| Score 8-15 | o "Standard Drink Sizes" and "Safe Drinking Levels" (recommended limits);  |
| (Mild-to-moderate risk users) | o Drinker’s Pyramid;  |
|        | o Effects diagram;  |
|        | Give feedback about results:  |
|        | o Refer to patient’s AUDIT score and point to the Drinker’s Pyramid;  |
|        | o Refer to elements of the Brief Assessment that are of concern and point to the Effects diagram;  |
|        | Provide encouragement to take immediate action to reduce risks;  |
|        | Point out RISKS of continued use continued alcohol use beyond recommended limits or use of illicit substances:  |
|        | (Point to Effects diagram);  |
|        | Instill HOPE. “You can do it”  |

| Zone III: | Review, give feedback & encouragement, point out risks, and instill hope (same as in Level II), PLUS:  |
| Score 16-19 | Counseling that meets the patient’s current Motivational Level;  |
| (Moderate-to-high risk users) | o Pre-contemplation: Feedback about results, information about hazards;  |
|        | o Contemplation: Benefits of changing, information about problems, review pros and cons (to increase ambivalence), risks of delaying, choosing a goal;  |
|        | o Preparation: Choosing a goal, advice and encouragement;  |
|        | o Action: Advice and encouragement, substituting healthy behaviors for unhealthy ones, reducing triggers, influence of family and peers;  |
|        | o Maintenance: Encouragement  |
|        | Possible Referral to Self-Help program;  |
|        | Consider Referral to Level IV if not improving or for certain conditions (ex. serious medical or psychiatric co-morbidity) |

| Zone IV: | Prepare the patient for Referral to Specialized Treatment:  |
| Score > 20 | o Give feedback about results (Use exceeds limits, specific problems already exist; probable dependence);  |
| (Very high risk users, probable dependence) | o Emphasize dangers to health (Draw connections to current medical & psychiatric conditions, possible harmful behaviors to loved ones and others);  |
|        | o Provide clear messages about medical & psychiatric seriousness;  |
|        | o Assure and encourage: Treatment is generally effective, but considerable effort will be needed on their part;  |
|        | Determine if Detoxification is indicated (Administer the CIWA if potential for, or exhibiting symptoms of withdrawal);  |
|        | Give information about available treatment services: Treatment modalities, available assistance and support (childcare, transportation, etc.), availability of free or reduced cost treatment for individuals without insurance;  |
|        | Draw upon principles of Motivational Enhancement;  |
|        | Repeat as necessary until appointments are kept;  |
|        | Coordinate care as with other types of referrals (ex. orthopedic referrals, cardiologist referrals, etc.);  |
|        | Continue to provide support and encouragement. |
The AUDIT: Self-report Version

Place an X in one box that best describes your answer to each question.

<table>
<thead>
<tr>
<th>Questions</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>Monthly or less</td>
<td>2-4 times a month</td>
<td>2-3 times a week</td>
<td>4 or more times a week</td>
</tr>
<tr>
<td>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</td>
<td>1 or 2</td>
<td>3 or 4</td>
<td>5 or 6</td>
<td>7 to 9</td>
<td>10 or more</td>
</tr>
<tr>
<td>3. How often do you have four or more drinks on one occasion?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>4. How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>5. How often during the last year have you failed to do what was expected of you because of your drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>6. How often during the last year have you needed a drink the first thing in the morning to get yourself going after a heavy drinking session?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>8. How often during the last year have you been unable to remember what happened the night before because of your drinking?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>9. Have you or someone else been injured because of your drinking?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes, during the last year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes, during the last year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total