

# Interview Booklet

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The logo consists of the letters 'BDP' in a bold, black, hand-drawn or brush-stroke style. The letters are thick and have irregular, textured edges. The 'B' and 'D' are connected at the top, and the 'P' is positioned to the right of the 'D'. The logo is centered between two horizontal lines that extend across the page.

**Brief  
Drinker Profile**

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Note:

Numbering of items is discontinuous in places throughout the interview form. This was done to maintain consistency with the numbering of items in the Comprehensive Drinker Profile, of which the Brief Drinker Profile is a subset.

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**Family Status**

\*A6. Client's current living situation:

- (1) \_\_\_\_\_ living alone
- (2) \_\_\_\_\_ living with spouse or partner
- (3) \_\_\_\_\_ living with roommate(s)
- (4) \_\_\_\_\_ living with children only
- (5) \_\_\_\_\_ living with parents

\*A7. Client's current marital status:

- (1) \_\_\_\_\_ single, never been married
- (2) \_\_\_\_\_ married, living with spouse
- (3) \_\_\_\_\_ married, separated
- (4) \_\_\_\_\_ widowed
- (5) \_\_\_\_\_ divorced

\*A8. Number of times client has been married (including present): \_\_\_\_\_

**Employment and Income Information**

A12. Major occupation or skill (whether or not presently employed):

\_\_\_\_\_ Spouse's occupation: \_\_\_\_\_

\*A13. Currently employed or self-employed (not including school):

- (1) \_\_\_\_\_ full time
- (2) \_\_\_\_\_ part time
- (3) \_\_\_\_\_ retired
- (4) \_\_\_\_\_ unemployed
- (5) \_\_\_\_\_ homemaker

A14. Title of present or most recent job (major job if more than one):

\_\_\_\_\_

If unemployed, how long? \_\_\_\_\_

**Educational History**

A21. Describe client's educational background: \_\_\_\_\_

\_\_\_\_\_ Degree? \_\_\_\_\_ Major? \_\_\_\_\_

\*A22. Code highest year of education completed: \_\_\_\_\_

A23. Are you currently pursuing education or training?

- (1) \_\_\_\_\_ full time
- (2) \_\_\_\_\_ part time
- (3) \_\_\_\_\_ no classes now

## B. Drinking History

### Development of the Drinking Problem

\*B24. About how old were you when you first took one or more drinks? \_\_\_\_\_

\*B25. About how old were you when you first became intoxicated? \_\_\_\_\_ \*

Do you remember what you were drinking? Beverage: \_\_\_\_\_

\*B26. How would you describe the drinking habits of:

_____ * your mother?	0 = client does not know
_____ * your father?	1 = nondrinker (abstainer)
_____ * spouse/partner?	2 = occasional or light social drinker
	3 = moderate or average social drinker
	4 = frequent or heavy social drinker
	5 = problem drinker (at any time in life)
	6 = alcoholic (at any time in life)

\*B27. Do you have any blood relatives whom you regard as being or having been a problem drinker or an alcoholic?

	Number Males	Number Females
Parents?	_____ × 3 = _____	_____ × 3 = _____
Brothers or Sisters?	_____ × 3 = _____	_____ × 3 = _____
Grandparents?	_____ × 2 = _____	_____ × 2 = _____
Uncles or Aunts?	_____ × 2 = _____	_____ × 2 = _____
First Cousins?	_____ × 1 = _____	_____ × 1 = _____
<b>TOTAL SCORES</b>	<b>Males: _____*</b>	<b>Females: _____*</b>

\*Were you raised by your biological parents? \_\_\_\_\_ (1) YES \_\_\_\_\_ (2) NO

If not, who raised you? \_\_\_\_\_



**\*B31. Steady Pattern Chart**

If the client drinks at least once per week complete the Steady Pattern Chart, then complete Q/F data summary. (If client does not drink at least once per week, proceed to B33.)

For each time period enter the type of beverage, % alcohol, amount consumed, and approximate time span during which it is consumed.

	Morning	Afternoon	Evening	Total for Day
Monday				Total SECs Monday
Tuesday				Total SECs Tuesday
Wednesday				Total SECs Wednesday
Thursday				Total SECs Thursday
Friday				Total SECs Friday
Saturday				Total SECs Saturday
Sunday				Total SECs Sunday

FORMULA FOR CALCULATING SECS: # oz. × % alcohol × 2 = SECS

- \*A. TOTAL SECs per week ..... \_\_\_\_\_  
(transfer this total to item B32.)
- \*B. TOTAL drinking (nonabstinent) days reported ..... \_\_\_\_\_
- \*C. AVERAGE SECs per drinking day (A ÷ B) ..... \_\_\_\_\_
- \*D. ESTIMATED Peak BAC for week ..... \_\_\_\_\_ mg%



**\*B32. Quantity/Frequency Summary Data (Steady Drinking Pattern *Only*)**

Total SECs per week from table: \_\_\_\_\_ SECs per week  
 $\times 13 =$

Total SECs in past 3 months: \_\_\_\_\_ SECs\* (From Steady Pattern *Only*)

**\*B33. Episodic Pattern Chart (Periodic and Combination Patterns *Only*) (For Steady Drinkers, skip to B38.)**

**\*B34. Quantity/Frequency of Episodic Drinking**

Type and Amount of Beverages Consumed:  *Total SECs: _____ per episode  *Hours:            *Peak BAC: _____ mg%	*Number of episodes in past 3 months:  $\times$ _____ episodes per 3 mo.  = _____ SECs/3 months <sup>†</sup>
Type and Amount of Beverages Consumed:  *Total SECs: _____ per episode  *Hours:            *Peak BAC: _____ mg%	*Number of episodes in past 3 months:  $\times$ _____ episodes per 3 mo.  = _____ SECs/3 months <sup>†</sup>
Type and Amount of Beverages Consumed:  *Total SECs: _____ per episode  *Hours:            *Peak BAC: _____ mg%	*Number of episodes in past 3 months:  $\times$ _____ episodes per 3 mo.  = _____ SECs/3 months <sup>†</sup>

Multiply Quantity (SECs per episode) by Frequency (episodes per 3 months) for each episode type:

<sup>†</sup> For COMBINATION PATTERN DRINKERS, subtract from this total the number of SECs already accounted for in the Steady Pattern Chart (B31), and record here only SECs in excess of the steady drinking pattern. No drink should be counted both at B31 and at B33. For PERIODIC DRINKERS, however, record all drinks here (since for these drinkers there is no Steady Pattern and B31 is left blank).

\_\_\_\_\_ Total SECs/3 mo.\*  
 from all episodic drinking

**\*B37. Total Q/F. Add starred (\*) lines from B32 and B34 above:**

Calculate for all drinkers: \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ \* Q/F SECs past 3 mo.



**Pattern History (All Drinkers)**

**\*B38.** What is the largest amount of alcohol that you have ever drunk in one day?

Beverage	Amount	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	over _____ hours

TOTAL SECs: \_\_\_\_\_\*      Estimated Peak BAC: \_\_\_\_\_\* mg%

**B41.** When was the last time that you went for 2 or 3 days without drinking any alcohol? (Ask whether client was taking tranquilizers or other withdrawal-inhibiting medication during this time.)

How long ago? \_\_\_\_\_ Medication? \_\_\_\_\_

Indications of withdrawal? \_\_\_\_\_  
\_\_\_\_\_

**Alcohol-Related Life Problems**

**\*B45.** Now I'm going to ask you some more questions to help me understand your drinking pattern. Please answer them as honestly and accurately as you can.

ITEM	RESPONSE	SCORE
1. Do you feel you are a normal drinker?	____(N)	____(2)
2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening before?	____(Y)	____(2)    ____ (1)
3. Does any member of your family (wife, husband, parents, etc.) ever worry or complain about your drinking?	____(Y)	____(1)
4. Can you stop drinking without a struggle after one or two drinks?	____(N)	____(2)    ____ (2)
5. Do you ever feel bad about your drinking?	____(Y)	____(1)
6. Do friends or relatives think you are a normal drinker?	____(N)	____(2)
7. Are you always able to stop drinking when you want to?	____(N)	____(2)    ____ (1)
8. Have you ever attended a meeting of Alcoholics Anonymous (AA)? (If YES, about how many? ____)	____(Y)	____(5)
9. Have you gotten into fights when drinking?	____(Y)	____(1)
10. Has drinking ever created problems with you and your spouse (husband/wife)?	____(Y)	____(2)
11. Has your spouse (or other family member) ever gone to anyone for help about your drinking?	____(Y)	____(2)
12. Have you ever lost friends or lovers because of your drinking?	____(Y)	____(2)
13. Have you ever gotten into trouble at work because of drinking?	____(Y)	____(2)
14. Have you ever lost a job because of drinking?	____(Y)	____(2)
15. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	____(Y)	____(2)
16. Do you ever drink before noon?	____(Y)	____(1)    ____ (1)
17. Have you ever been told you have liver trouble?	____(Y)	____(2)
18. Have you ever had severe shaking after heavy drinking?	____(Y)	____(3)
19. Have you ever heard voices or seen things that weren't there after heavy drinking?	____(Y)	____(4)
20. Have you ever gone to anyone for help about your drinking?	____(Y)	____(5)
21. Have you ever been in a hospital because of drinking?	____(Y)	____(5)

TOTAL points, this page (total both columns)

\_\_\_\_(2)  
+18 or 19)

A-1    B-1

22. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital? \_\_\_\_\_
- If YES, was drinking part of the problem? \_\_\_\_\_(Y) \_\_\_\_\_(2)
- DESCRIBE: \_\_\_\_\_
- 
23. Have you ever been seen at a psychiatric or mental health clinic, or gone to a doctor, social worker, or clergy for help with an emotional problem? \_\_\_\_\_
- If YES, was drinking part of the problem? \_\_\_\_\_(Y) \_\_\_\_\_(2)
- DESCRIBE: \_\_\_\_\_
- 
24. Have you ever been arrested, even for a few hours, because of drunk behavior? (other than driving) \_\_\_\_\_(Y) \_\_\_\_\_(2)
- DESCRIBE: \_\_\_\_\_
- 
25. Have you ever been arrested for drunk driving or driving after drinking? \_\_\_\_\_(Y) \_\_\_\_\_(2)
- DESCRIBE: \_\_\_\_\_
- 
26. Have you ever had a hangover? \_\_\_\_\_(Y) \_\_\_\_\_(1)
27. Have you ever had vague feelings of fear, anxiety, or nervousness after drinking? \_\_\_\_\_(Y) \_\_\_\_\_(1)
28. Have you ever felt a craving or strong need for a drink? \_\_\_\_\_(Y) \_\_\_\_\_(1)
29. Are you able to drink more now than you used to without feeling the same effect? \_\_\_\_\_(Y) \_\_\_\_\_(1)
30. Has drinking or stopping drinking ever resulted in your having a seizure or convulsion? \_\_\_\_\_(Y) \_\_\_\_\_(4)
31. Do you ever skip meals when you are drinking? \_\_\_\_\_(Y) \_\_\_\_\_(1)
- TOTAL points, this page (total both columns) \_\_\_\_\_
- A-2      B-2

TOTAL PROBLEM SCORES

\*Total Column A for both pages \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ \* (MAST Score)<sup>1</sup>

A-1      A-2

\*\*Total Column B for both pages \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ \* (Ph Score)<sup>2</sup>

B-1      B-2

<sup>1</sup>MAST Score is an indicator of severity and extent of life problems related to drinking. The Michigan Alcoholism Screening Test was originally designed by Selzer. (Selzer, M. L., The Michigan Alcoholism Screening Test: The quest for a new diagnostic instrument. *American Journal of Psychiatry*, 1971, 127:12; 1653-1658. Copyright, 1971, the American Psychiatric Association. Reprinted by permission.)

<sup>2</sup>Ph Score is an index of severity of physical dependence on alcohol.

**Associated Behaviors** (assure confidentiality)

\*B48. Do you smoke cigarettes? (Indicate number of cigarettes smoked per day. Enter 00 for nonsmoker.)  
 \_\_\_\_\_ cigarettes per day

If client used to smoke but does not smoke now, how long has it been since the last cigarette?

\_\_\_\_\_

Indicate any other use of tobacco (cigars, pipe, chewing, snuff):

\_\_\_\_\_

\*B49. Are you satisfied with your present weight (If YES, enter 00. If NO, indicate the number of pounds client regards self as overweight (+) or underweight (-) using proper arithmetic sign):

\_\_\_\_\_

\*B50. Describe all medications that you currently use, including vitamins, birth control, aspirin, etc. [Ask specifically about tranquilizers, sedatives, stimulants, diet pills, pain medications — by prescription or otherwise. Indicate name of each drug, dosage, frequency, purpose, and whether taken by prescription (Rx).]

Medication	Dosage	Frequency	Purpose	Rx?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*B51. Other Drugs card sort

	Specify	Last Use?	Past 3 mo. Frequency	How?	Dose?
_____	Amphetamine	_____	_____	_____	_____
_____	Barbiturates, etc.	_____	_____	_____	_____
_____	Cannabis	_____	_____	_____	_____
_____	Cocaine	_____	_____	_____	_____
_____	Hallucinogens	_____	_____	_____	_____
_____	Inhalants	_____	_____	_____	_____
_____	Opiates	_____	_____	_____	_____
_____	Phencyclidine	_____	_____	_____	_____
_____	Other Drugs	_____	_____	_____	_____
_____	*Total Drug Classes Used		_____	Total Past 3 mo.	



\*B58. Present weight: \_\_\_\_\_ \*pounds Present height: \_\_\_\_\_' \_\_\_\_\_" = \_\_\_\_\_ \*inches

**Other Life Problems**

\*C75. Card sort. Have client sort into YES and NO piles for current problems, then rank order. Indicate ranks for all YES cards: 1 = most important current problem.

Then for all YES cards inquire whether the problem is or is not at least partly related to drinking in the client's opinion. Check (✓) all problems indicated to be related to drinking.

- | Rank  | ✓     |   |
|-------|-------|---|
| _____ | _____ | Aggression (Fighting, Anger, Hostility)   |
| _____ | _____ | Boredom   |
| _____ | _____ | Conflicts with the Law (Being Arrested, Drunk Driving, Police Visits, Law-suit, etc.)                           |
| _____ | _____ | Depression (or Negative Self-Concept)   |
| _____ | _____ | Family Problems (Arguments with Spouse or Family Members, etc.)   |
| _____ | _____ | Fatigue, Tiredness  |
| _____ | _____ | Financial Problems  |
| _____ | _____ | Health Problems   |
| _____ | _____ | Problems with not Being Assertive (Being Taken Advantage of, Always Giving in, Can't Express What I Feel, etc.) |
| _____ | _____ | Problems with Eating and Appetite (or Weight Problems)  |
| _____ | _____ | Problems with Memory or Concentration   |
| _____ | _____ | Problems with Sleeping (Insomnia, Early Waking, Nightmares)   |
| _____ | _____ | Problems with Social Contact (Sociability and Meeting People, Losing Friends, Loneliness)                       |
| _____ | _____ | Sexual Problems   |
| _____ | _____ | Suicidal Thoughts   |
| _____ | _____ | Tension or Anxiety  |
| _____ | _____ | Work Problems   |
| _____ | _____ | Other Problems  |

TOTAL Number of Problems YES: \_\_\_\_\_\*

TOTAL Number of Problems Alcohol-Related: \_\_\_\_\_\*

**Motivation for Treatment**

C76. On your own and without any outside help, what steps if any have you taken to try to stop or control your drinking? How well did these work?

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C77. What outside help, professional or otherwise, have you sought for your drinking problem (including A.A.)? What helped and what didn't?

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\*C78. Has anyone ever advised you to stop drinking completely? If so, who?

(1) \_\_\_\_\_ Yes      (2) \_\_\_\_\_ No      If YES: \_\_\_\_\_

\*C79. Has anyone ever advised you to cut down on your drinking? If so, who?

(1) \_\_\_\_\_ Yes      (2) \_\_\_\_\_ No      If YES: \_\_\_\_\_

\*C82. Which of these six statements best describes your own goal in this program? (Mark the one chosen. If more than one is chosen, prioritize.)

- (1) \_\_\_\_\_ I think that total abstinence is the only answer for me, and I want to stop drinking completely.
- (2) \_\_\_\_\_ I think that total abstinence may be necessary for me, but I am not sure. If I knew that controlled drinking were impossible for me, then I would want to stop drinking completely.
- (3) \_\_\_\_\_ I think that total abstinence is not necessary for me, but I would like to reduce my drinking to a "light social" nonproblem level.
- (4) \_\_\_\_\_ I think that total abstinence is not necessary for me, but I would like to reduce my drinking to a "moderate social" nonproblem level.
- (5) \_\_\_\_\_ I think that total abstinence is not necessary for me, but I would like to reduce my drinking to a "heavy social" nonproblem level.
- (6) \_\_\_\_\_ I think that total abstinence is not necessary for me, and I see no need to reduce my drinking.

