

Interview Booklet



Comprehensive Drinker Profile

*G. Alan Marlatt, Ph.D.
and William R. Miller, Ph.D.*

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Date: _____ Interviewer: _____

Comprehensive Drinker Profile for:

Full name of client:

(First)

(Middle)

(Last)

Prefers to be called: _____ *Sex: (1) _____ F (2) _____ M

A. Demographic Information

Age and Residence

*A1. Date of birth: _____ *Present age: _____
Month Day Year

A2. Present local address: Street address or box no. _____
City or town _____
State _____ Zip code _____

A3. Local telephone: Area code _____ Number _____
Best times to reach at this number: _____

A4. Name and address of a person through whom you can be located if we lose contact with you (must be different from A2.).

Name: _____ Relationship: _____

Street address or box no. _____

City or town _____ State _____ Zip code _____

Telephone: Area code _____ Number _____

A5. How did you first hear about this program? _____

If referred, by whom? _____
Name Agency

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). _____

OK to call?

_____ A9. Name of spouse, partner, or roommate: _____

*A10. Children:	Name	Age	Sex	Living with client?
OK to call?	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

*Number of children: _____

A11. Other individuals living with client:

OK to call?	Name	Age	Sex	Relationship
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

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 (3) _____ retired (5) _____ homemaker
(2) _____ part time (4) _____ unemployed

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

If unemployed, how long? _____

OK to
call at
work?

_____ A15. Name of employer or firm: _____

Address: _____

Telephone: Area code _____ Number _____

If OK, best time to reach client at work: _____

*A16. Length of time in present or most recent job: _____*years

if less than 1 year, code as 1 year and indicate time: _____

A17. How many different jobs have you held in the past year? _____

in the past five years? _____ *

*A18. How many years of active military duty have you served? _____

*A19. Family income:

Source: _____ Annual \$ _____

Source: _____ Annual \$ _____

Source: _____ Annual \$ _____

Total Annual Family Income in Dollars \$ _____*

*A20. SES code: _____ (Socioeconomic status code)

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 = _____
TOTAL SCORES	Males: _____*	Females: _____*

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

If not, who raised you? _____

***B28.** At what age (how long ago) did drinking begin to have an effect on your life which you did not approve of – when did drinking first begin to be a problem for you?

_____ Age at first problem _____ Denies that drinking is a problem

_____ * Years of problem duration (Age minus age at first problem)

At that particular time in your life when drinking first became a problem, were there any special circumstances or events that occurred which you feel were at least partly responsible for it becoming a problem?

***B29.** Did you arrive at your present level of drinking:

(1) _____ gradually over a long period of time? how long: _____

or (2) _____ by a more rapid increase (over several months or less)?

Present Drinking Pattern

***B30. Drinking Pattern** (Check one)

Determine which of the following categories best describes the client's current drinking pattern:

____ (P) _____ PERIODIC DRINKER
Drinks less often than once a week
Is abstinent between drinking episodes
_____ Complete Episodic Pattern Chart

____ (S) _____ STEADY DRINKER
Drinks at least once per week
Drinks about the same amount every week without periodic episodes of heavier drinking. (A heavy episode is defined as one or more days in which pattern fluctuates from the steady pattern by 5 or more SECs.)
_____ Complete Steady Pattern Chart

____ (C) _____ COMBINATION PATTERN DRINKER
Drinks at least once per week with a regular weekly pattern, but also has heavier episodes as defined above
_____ Complete both Steady and Episodic Charts

***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

Multiply by 13 weeks × 13 =

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

***B33. Episodic Pattern Chart (Periodic and Combination Patterns Only) *B34. Quantity/Frequency of Episodic Drinking**
(For Steady Drinkers, skip to B38.)

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

† 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

B35. How would you describe the circumstances which mark the beginning of one of these heavy drinking episodes? That is, what factors determine when you begin heavy drinking?

B36. How would you describe the circumstances which mark the end of one of these heavy drinking episodes? That is, what factors determine when you finally stop 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%	

*B39. What is the longest period of continuous drinking that you have had? (Include hours of sleep if client began drinking again the next morning.)

Total hours: _____ hours

*B40. Since drinking first became a problem for you, what is the longest period of time that you have gone without taking a drink?

_____ days (convert to days)

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? _____

B42. During this time, what was the main reason or reasons for stopping?

B43. After that period of no drinking, what were the circumstances when you started drinking again?

B44. Are there any particular days of the week on which you are more likely to drink (or to drink more) than on other days? If YES, list days and explain if there are any particular circumstances or factors which contribute to drinking (more) on these days.

Alcohol-Related Life Problems

*B15. Now I'm going to ask you some more questions to help me understand your drinking pattern. Please answer them as honestly and as 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)	____(2) (18 or 19) ____ (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)		_____ 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, did drinking play a part in 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 $\frac{\quad}{A-1} + \frac{\quad}{A-2} = \quad$ * (MAST Score)¹

*Total Column B for both pages $\frac{\quad}{B-1} + \frac{\quad}{B-2} = \quad$ * (Ph Score)²

¹MAST 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.)

²Ph Score is an index of severity of physical dependence on alcohol.

Drinking Settings

*B46. Drinking Locations card sort

(Indicate rank ordering: 1 = most frequent setting; 9 = least)

_____ At Home (My own house, apartment or room)

_____ At Work

_____ In Other People's Homes

_____ Outdoors

_____ Private or Social Clubs

_____ Restaurants

_____ Social Events (such as Weddings, Parties, Dances)

_____ Tavern or Bar

_____ While Driving

_____ Other places (if mentioned): _____

_____ *TOTAL locations indicated as drinking locations

*B47. Social Situations card sort

(Indicate rank ordering: 1 = most frequent; 9 = least frequent)

_____ I Drink Alone

_____ I Drink with my Spouse (Husband, Wife, Companion)

_____ I Drink with Relatives Other than my Spouse

_____ I Drink with a Male Friend or Friends (No Females Present)

_____ I Drink with a Female Friend or Friends (No Males Present)

_____ I Drink with Friends of Both Sexes

_____ I Drink with Strangers (or with People I Meet After I have Started Drinking)

_____ I Drink with Business Associates (for Business Purposes)

_____ Other companions (if mentioned): _____

_____ *TOTAL situations indicated as drinking situations

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):

*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?
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*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.		

B52. What are your interests and hobbies (not associated with work), and how much time do you spend at each of them per month? (For each hobby or interest determine whether it is usually associated with or accompanied by drinking.)

Interest or Hobby	Hrs/mo	Assoc. with Drinking?

***B53. Eating Behavior**

In an average week (7 days), on how many days do you:

eat breakfast? _____ eat lunch? _____ eat evening meal? _____

Total regular meals/week _____* eat additional snacks besides regular meals? _____

If you overeat sometimes, what factors are most likely to lead to your overeating? (situations, kinds of food, feelings, etc.)

How many caffeine drinks do you have in an average day? _____ cups coffee _____ sodas
 _____ cups tea _____ other
 _____ Total*

***B54. Driving Behavior**

When you are driving or riding in a private automobile, on what percentage of occasions do you wear a seat belt or shoulder harness?

_____ %*

When you are driving on open highway where the speed limit is 55 mph and there are no police around, what is the average speed at which you drive according to your speedometer?

_____ mph*

During the past year, how often would you say that you drove shortly after having more than 3 drinks?

_____ approximate times in past year*

B55. Exercise Behavior

What exercise do you get in the course of an average week?

Type of Exercise	Amount	Frequency

Beverage Preferences

***B56.** Beverage Preferences card sort

(Indicate rank order: 1 = most frequently consumed drink, etc.)

For preferences 1, 2, and 3, also note the preferred manner of drinking and preferred brand, if stated.

BEVERAGE LIST	PREFERRED MANNER OF DRINKING	BRAND
___ Beer or Ale	_____	_____
___ Brandy	_____	_____
___ Gin	_____	_____
___ Liqueurs (Cordials)	_____	_____
___ Malt Liquor	_____	_____
___ Pure Alc. or Nonbeverage Alc. (Specify)	_____	_____
___ Rum	_____	_____
___ Sparkling Wine	_____	_____
___ Special Fortified Wine	_____	_____
___ Tequila	_____	_____
___ Vodka	_____	_____
___ Whiskey (Scotch, Bourbon, etc.)	_____	_____
___ Red, Dry Wine	_____	_____
___ Red, Sweet Wine	_____	_____
___ Rosé Wine	_____	_____
___ White, Dry Wine	_____	_____
___ White, Sweet Wine	_____	_____
___ Other Alc. Beverage (Specify)	_____	_____
___ *TOTAL Number of Beverages Used		

B57. What are your three favorite nonalcohol beverages?

1. _____
2. _____
3. _____

Relevant Medical History

*B58. Present weight: _____*pounds Present height: ____' ____" = _____*inches

B59. Tell me any serious illness, hospitalization, or surgery you have had in the past 10 years. (Indicate illness, date, any continuing care.)

Illness	Required Hospitalization?	Required Surgery?	Date	Follow-Up Care?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B60. Have you ever had jaundice (yellowed skin, dark urine)? Swelling of the feet or ankles? Any diagnosed liver disease such as hepatitis? (If YES, Specify) (Indicate date, illness, continuing care if any.)

Illness	Date	Continuing Care?
_____	_____	_____
_____	_____	_____
_____	_____	_____

B61. Have you ever been told that you have high blood pressure? Have you ever had pain or tightness in your chest, especially with exercise? Unusual shortness of breath during exercise? A stroke or heart attack? Any other indication of heart problems? (If YES, Specify)

B62. Have you ever had any of the following: Diabetes? Pancreatitis or inflammation of the stomach? Ulcer? Thyroid problem? Weakness or numbness in the legs? (If YES, Specify)

B63. Have you noticed, over a period of time, that you are more affected by alcohol than you used to be – that drinking less has more of an effect on you? (If YES, Specify)

B64. Are you currently seeing a counselor, psychologist, or psychiatrist for counseling or therapy? (If YES, Specify)

B65. (Women) Are you pregnant, or planning to become pregnant? _____

C. Motivational Information

Reasons for Drinking

C66. What are the main reasons why you drink? In other words, when you are actually drinking, what for you is the most positive or desirable effect of alcohol? What do you like best about alcohol?

C67. Are you aware of any inner thoughts or emotional feelings, or things within you as a person, which “trigger off” your need or desire to take a drink at a particular moment in time?

C68. Are you aware of any particular situations or set of events, things which happen to you in the outside world, which would result in your feeling like having one or more drinks?

C69. In terms of your life as a whole, what are the most positive effects or consequences of drinking?

C70. When you are actually drinking, what for you is the most negative or undesirable effect of alcohol? In other words, what is the thing you like least about alcohol when you are drinking?

C71. In terms of your life as a whole, what do you see as the most negative effects or consequences of your drinking?

C72. Can you describe a situation or set of events which would be least likely to result in your feeling like drinking? In other words, when do you feel least inclined to drink?

Effects of Drinking

*C73. Card sort: Check all effects that the client reports as having experienced while drinking during the past three months.

Group A	Group B	Group C	Group D	Group E
<input type="checkbox"/> Calm	<input type="checkbox"/> Angry	<input type="checkbox"/> Afraid	<input type="checkbox"/> Friendly	<input type="checkbox"/> Inferior
<input type="checkbox"/> Happy	<input type="checkbox"/> Depressed	<input type="checkbox"/> Excited	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Insecure
<input type="checkbox"/> Peaceful	<input type="checkbox"/> Frustrated	<input type="checkbox"/> Nervous	<input type="checkbox"/> Secure	<input type="checkbox"/> Unfriendly
<input type="checkbox"/> Relaxed	<input type="checkbox"/> Lonely	<input type="checkbox"/> Restless	<input type="checkbox"/> Strong	<input type="checkbox"/> Weak
<input type="checkbox"/> Unafraid	<input type="checkbox"/> Sad	<input type="checkbox"/> Tense	<input type="checkbox"/> Superior	<input type="checkbox"/> Withdrawn
TOTALS <input type="checkbox"/> A	<input type="checkbox"/> B*	<input type="checkbox"/> C*	<input type="checkbox"/> D*	<input type="checkbox"/> E*

Next spread out those cards identified as describing effects experienced by the client and ask client to rank order the five most frequent effects experienced while drinking. Specify below:

Rank	Effect	Comments, if any
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

*Most representative emotion group (see decision rules): _____

C74. Suppose that we were to agree that you would not drink at all for the next two weeks. What problems do you think you might have if you did this? Would there be any special feelings or situations that might be more difficult for you to handle?

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, Lawsuit, 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: _____*

Finally inquire further about the top three problems (Rank 1, 2, and 3) and describe below in greater detail.

Problem 1: _____

Problem 2: _____

Problem 3: _____

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?

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

*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: _____

C80. What are the main reasons for your seeking help for drinking at this particular time? Why now? In other words, what particular circumstances led you to come to this program now?

C81. What do you see as the most ideal outcome of treatment for you here? What would you like to happen?

*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.

*C83. If you were to achieve your ideal goal in this program, what would your drinking be like? About how much would you be drinking in an average week? (Record specific beverage types and amounts; convert to SECs.)

Beverage	Amount	
_____	_____	
_____	_____	
_____	_____	TOTAL SECs: _____*

*C84. In your honest and realistic opinion, what do you estimate your chances are – from 0 to 100% – of achieving this goal?
_____%

C85. How would it affect you if you did not achieve your ideal outcome of treatment here? In other words, what is most likely to happen if you do not meet your goals in this program?

C86. How would you define "alcoholism"?

*C87. Some people say that alcoholism is a disease or sickness, while others say that it is not a disease, but rather is more like a bad habit that a person has learned. Do you see it more as a disease or as a bad habit? (If person says "both" have him or her indicate which they would agree with more.)

(1) _____ Disease (2) _____ Bad Habit

Drinker Type Ratings

*C88. Now I am going to give you a list of six different types of drinkers and I would like you to tell me which one, in your opinion, best describes you at the present time. (Obtain rating)

(If applicable): Now I'd like you to tell me the one that you think your husband/wife would choose as best describing you. (Obtain rating)

Which one do you think your closest friend would choose as best describing you? (Obtain rating)

Which one do you think most people who know you would choose as best describing you? (Obtain rating)

RATINGS: Self _____ Spouse _____* Friend _____* Most People _____*

1 = Total Abstainer

2 = Light Social (Nonproblem) Drinker

3 = Moderate Social (Nonproblem) Drinker

4 = Heavy Social (Nonproblem) Drinker

5 = Problem Drinker

6 = Alcoholic

*Compare self-rating with rating for "most people." Is self-rating:

(1) _____ higher than "most" (2) _____ equal to "most" (3) _____ lower than "most" ?

END OF INTERVIEW

Additional Comments: