

Interview Booklet

CIF

Collateral Interview Form

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Date: _____ 19 ____ Time: _____ Interviewer: _____

Collateral Interview Form for:	
Client's Name: _____	ID# _____
Client's Date of Intake: _____	19 ____

I. SO's Name: _____ Relationship: _____
SO's Telephone Number: Home: _____ Best Time: _____
Work: _____ Best Time: _____
Interview for: ____ Intake ____ Termination ____ 3 mo. ____ 6 mo.
____ 12 mo. ____ 24 mo. ____ Other (____ mo.)

II. Alcohol Consumption

Q: "Tell me how you see _____'s drinking at the present time." (record comments:)

Complete Steady Pattern Chart, if regular drinker.

"What is _____'s drinking like in an average week?"

Complete Periodic Pattern Chart, if appropriate.

"Are there times when _____ drinks more than the usual amount?"

For all reported drinking, record:
Type of beverage(s) consumed and beverage strength, if known
Amount(s) of beverage(s) consumed
Approximate time spans of consumption (for BAC)
Whether SO observes (O) drinking, or is guessing (G)

If ABSTINENT for past 3 months, skip Steady and Periodic Pattern Charts but ask:

"To the best of your knowledge, when did _____ last have a drink?"
Approximate date: _____ and/or Time since last drink: _____

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 the Episodic Pattern Chart.)

For each time period enter the type of beverage, % alcohol, amount consumed, and approximate time span during which it is consumed. Indicate whether drinking is observed (O) or guessed (G).

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

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

*A. TOTAL SECs per week _____
 (transfer this total to Quantity/Frequency Summary Data)

*B. TOTAL drinking (nonabstinent) days reported _____

*C. AVERAGE SECs per drinking day (A ÷ B) _____

*D. ESTIMATED Peak BAC for week _____ mg%

Quantity/Frequency Summary Data (Steady Drinking Pattern Only)

Total SECs per week from table: _____ SECs per week

Multiply by 13 weeks $\times 13 =$

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

Episodic Pattern Chart (Periodic and Combination Patterns Only) (For Steady Drinkers, go to Part III.)

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.
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.
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.

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

= _____ SECs/3 months[†]

= _____ SECs/3 months[†]

= _____ SECs/3 months[†]

[†] For COMBINATION PATTERN DRINKERS, subtract from this total the number of SECs already accounted for in the Steady Pattern Chart and record here only SECs in excess of the steady drinking pattern. For PERIODIC DRINKERS, however, record all drinks here (since for these drinkers there is no Steady Pattern).

_____ Total SECs/3 mo.*
 from all episodic drinking

Total Q/F. Add starred (*) lines from Quantity/Frequency Summary Data and Quantity/Frequency of Episodic Drinking above:

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

III. (at intake): Now I want to ask about some experiences and problems that people sometimes have in relation to their drinking. I would like you to tell me if you know whether these have ever happened to _____.

(at follow-up): Now I want to ask about some experiences and problems that people sometimes have in relation to their drinking. I would like you to tell me if you know whether these have happened to _____ over the past (12) months. (If client is reported to have been abstinent for the entire period, skip to IV.)

Mark (x) all answered Yes:

- | Past
Year | Past
3 mo. | Past
Week | |
|--------------|---------------|--------------|--|
| _____ | _____ | _____ | 1. Has any member of _____'s family (wife, parents, etc.) worried or complained about _____'s drinking? |
| _____ | _____ | _____ | 2. Has _____ gotten into fights when drinking? |
| _____ | _____ | _____ | 3. Has drinking created problems with _____ and his/her spouse (husband/wife)? |
| _____ | _____ | _____ | 4. Has _____ lost any friends or lovers because of drinking? |
| _____ | _____ | _____ | 5. Has _____ gotten into trouble at work because of drinking? |
| _____ | _____ | _____ | 6. Has _____ lost a job because of drinking? |
| _____ | _____ | _____ | 7. Has _____ neglected his/her obligations, family, or work for two or more days in a row because of drinking? |
| _____ | _____ | _____ | 8. Has _____ had any health problems related to drinking? |
| _____ | _____ | _____ | 9. Has _____ been arrested, even for a few hours, because of drunk behavior (other than driving)? |
| _____ | _____ | _____ | 10. Has _____ been arrested for drunk driving or driving after drinking? |
| _____ | _____ | _____ | *TOTAL Consequences |

Again, during the past (12) months, have these things happened to _____?

For each Yes, record the proper number of points (as indicated in parentheses) on each line.

- | | Past
Year | Past
3 mo. | Past
Week | |
|-----|--------------|---------------|--------------|---|
| (1) | _____ | _____ | _____ | 11. Has _____ awakened the morning after some drinking the night before and been unable to remember a part of the evening before? |
| (2) | _____ | _____ | _____ | 12. Has it been a struggle for _____ to stop drinking after one or two drinks? |
| (1) | _____ | _____ | _____ | 13. Has _____ had any trouble stopping drinking when he/she wanted to? |
| (1) | _____ | _____ | _____ | 14. Does _____ ever drink before noon? |
| (3) | _____ | _____ | _____ | 15. Has _____ had severe shaking after heavy drinking? |
| (4) | _____ | _____ | _____ | 16. Has _____ heard voices or seen things that weren't there after heavy drinking? |

- | | Past
Year | Past
3 mo. | Past
Week | |
|-----|--------------|---------------|--------------|--|
| (1) | ___ | ___ | ___ | 17. Has _____ had a hangover? |
| (1) | ___ | ___ | ___ | 18. Has _____ shown vague feelings of fear, anxiety, or nervousness after drinking? |
| (1) | ___ | ___ | ___ | 19. Has _____ reported a craving or strong need for a drink? |
| (1) | ___ | ___ | ___ | 20. Is _____ able to drink more now than he/she used to without feeling the same effect? |
| (4) | ___ | ___ | ___ | 21. Has drinking or stopping drinking resulted in _____ having a seizure or convulsion? |
| (1) | ___ | ___ | ___ | 22. Has _____ skipped meals when drinking? |
| | ___ | ___ | ___ | *TOTAL Dependence |

IV. Improvement Ratings (skip this section at Intake)

Q. "Relative to (month of intake), would you say that _____ is drinking more now, or less, or about the same?"

- | | |
|-------------------------------|-----------------------------------|
| ___ (0) totally abstinent | ___ (5) a little more |
| ___ (1) much less | ___ (6) somewhat more |
| ___ (2) somewhat less | ___ (7) much more |
| ___ (3) a little less | ___ (9) SO cannot or will not say |
| ___ (4) about the same amount | |

Q: "How confident are you about this?"

- | | |
|-----------------------------------|---|
| ___ (1) certain or almost certain | ___ (4) not really sure — mostly guessing |
| ___ (2) very confident | ___ (5) simply don't know
(rate only with 9 above) |
| ___ (3) fairly confident | |

Q: "Relative to (month of intake), would you say that _____'s problems with drinking are worse, or better, or about the same?"

- | | |
|-------------------------|-----------------------------------|
| ___ (1) much better | ___ (5) a little worse |
| ___ (2) somewhat better | ___ (6) somewhat worse |
| ___ (3) a little better | ___ (7) much worse |
| ___ (4) about the same | ___ (9) SO cannot or will not say |

Please continue on back ►

