

Interview Booklet



**Follow-up
Drinker Profile**

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Interviewer: _____

Follow-Up Drinker Profile for:

Name: _____ ID# _____

Date of intake: _____ 19 ____ Date of follow-up: _____ 19 ____

Length of follow-up: _____ weeks or _____ months

*1. Age at time of follow-up: _____

2. Present local address: Street address or box no. _____
City _____ State _____ Zip _____

3. Present telephone: Area code _____ Number _____

4. Record any changes in address or telephone of contact person or collaterals:

Name: _____ Relationship: _____

Street address or box no. _____

City _____ State _____ Zip _____

Telephone: Area code _____ Number _____

*5. Current marital status:

(1) _____ single, never been married (4) _____ widowed

(2) _____ married, living with partner (5) _____ divorced

(3) _____ married, separated

Number of times client has been married (including present): _____

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

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

Title of present or most recent job: _____

If unemployed, how long? _____

Present Drinking Pattern

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

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

- ____ (A) _____ **ABSTINENT**
Continuous abstinence
for at least 3 months
_____ *Skip to question 13*
- ____ (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*

***8. 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 question 10.)

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				<hr/> Total SECs Monday
Tuesday				<hr/> Total SECs Tuesday
Wednesday				<hr/> Total SECs Wednesday
Thursday				<hr/> Total SECs Thursday
Friday				<hr/> Total SECs Friday
Saturday				<hr/> Total SECs Saturday
Sunday				<hr/> Total SECs Sunday

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

- *A. TOTAL SECs per week _____
(transfer this total to question 9)
- *B. TOTAL drinking (nonabstinent) days reported _____
- *C. AVERAGE SECs per drinking day (A ÷ B) _____
- *D. ESTIMATED Peak BAC for week _____ mg%

*** 9. 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)

***10. Episodic Pattern Chart
(Periodic and Combination Patterns Only)**

***11. Quantity/Frequency of
Episodic Drinking**

<p>Type and Amount of Beverages Consumed:</p> <p style="text-align: right;">*Total SECs: _____ per episode</p> <p>*Hours: *Peak BAC: _____ mg%</p>	<p>*Number of episodes in past 3 months:</p> <p>\times _____ episodes per 3 mo.</p>
<p>Type and Amount of Beverages Consumed:</p> <p style="text-align: right;">*Total SECs: _____ per episode</p> <p>*Hours: *Peak BAC: _____ mg%</p>	<p>*Number of episodes in past 3 months:</p> <p>\times _____ episodes per 3 mo.</p>
<p>Type and Amount of Beverages Consumed:</p> <p style="text-align: right;">*Total SECs: _____ per episode</p> <p>*Hours: *Peak BAC: _____ mg%</p>	<p>*Number of episodes in past 3 months:</p> <p>\times _____ episodes per 3 mo.</p>

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

***12. Total Q/F. Add starred (*) lines from 9 and 11 above:**

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

***13. Abstainers Only:**

When did you have your last drink? Date: _____

Duration of abstinence: _____ weeks or _____ months

What were the main reasons why you stopped drinking? _____

***14.** Now I am going to ask you about some experiences that people sometimes have in relation to drinking. For each one, I want you to tell me whether or not you have had this experience with drinking during the past [12] months. (If client has been totally abstinent for entire follow-up period, skip to question 15.)

Mark (x) all answered Yes:

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

Again, during the past [12] months, have these things happened to you?

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. Have you awakened the morning after some drinking the night before and found that you could not remember a part of the evening before? |
| (2) | _____ | _____ | _____ | 12. Has it been a struggle for you to stop drinking after one or two drinks? |
| (1) | _____ | _____ | _____ | 13. Have you had any trouble stopping drinking when you wanted to? |
| (1) | _____ | _____ | _____ | 14. Did you ever drink before noon? |
| (3) | _____ | _____ | _____ | 15. Have you had severe shaking after heavy drinking? |
| (4) | _____ | _____ | _____ | 16. Have you heard voices or seen things that weren't there after heavy drinking? |
| (1) | _____ | _____ | _____ | 17. Have you had a hangover? |
| (1) | _____ | _____ | _____ | 18. Have you had vague feelings of fear, anxiety, or nervousness after drinking? |
| (1) | _____ | _____ | _____ | 19. Have you felt a craving or strong need for a drink? |
| (1) | _____ | _____ | _____ | 20. Are you able to drink more now than you used to without feeling the same effect? |
| (4) | _____ | _____ | _____ | 21. Has drinking or stopping drinking resulted in your having a seizure or convulsion? |
| (1) | _____ | _____ | _____ | 22. Have you skipped meals when you have been drinking? |
| | _____ | _____ | _____ | *TOTAL Dependence |

15. Additional help: Since you completed this program, have you sought any additional kinds of help in relation to your drinking? Have you...

- | | Ever | Past
Year | Past
3 mo. | |
|-------|-------|--------------|---------------|--|
| _____ | _____ | _____ | _____ | attended any meetings of A.A.? About how many? _____ |
| _____ | _____ | _____ | _____ | attended other self-help groups for people with alcohol problems?
(specify: _____ How many? _____) |
| _____ | _____ | _____ | _____ | been an inpatient in a hospital because of drinking?
_____ # times alcoholism program _____ # times other |
| _____ | _____ | _____ | _____ | been to a physician, mental health professional or clergy for help related to drinking? _____ # visits |

Ever Past Past
 Year 3 mo.

_____ gone to anyone else for help about your drinking?

(specify: _____)

_____ Has any member of your family gone to Al-Anon or otherwise sought help in relation to your drinking?

_____ *TOTALS

*16. Do you smoke cigarettes? (Enter 00 for non-smoker.) _____ 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): _____

17. Present weight: _____ pounds

Satisfaction with weight: _____ (+ for overweight; - for underweight lb)

*18. 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.		

Other Life Problems

*19. 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, Lawsuits, 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 _____*

25. Looking back, what do you think were the main reasons for your coming to this program?

26. What parts of this program, if any, have you found helpful in dealing with your own drinking?

27. In general, what have you found to be most helpful or effective for you in avoiding drinking problems? What works for you?

28. What parts of this program, if any, do you think were harmful for you?

29. Some people say that alcoholism is a disease or a 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?

(1) _____ Disease

(2) _____ Bad Habit

30. Having been through this program, what are your opinions about it? What advice do you have for us?
