Interview Booklet

BDP

Brief Drinker Profile

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

This instrument is now in the public domain and may be used, reproduced, and adapted without further permission. The copyright previously held by Psychological Assessment Resources was transferred to the authors, who released it into the public domain.
Brief Drinker Profile for:  

ID # __________

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:  
Month   Day   Year  

*Present age: __________

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          (4) ______ living with children only
(2) ______ living with spouse or partner (3) ______ living with parents
(3) ______ living with roommate(s)

*A7. Client's current marital status:
(1) ______ single, never been married      (4) ______ widowed
(2) ______ married, living with spouse     (5) ______ divorced
(3) ______ married, separated

*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  (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? ______

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?

<table>
<thead>
<tr>
<th></th>
<th>Number Males</th>
<th>Number Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents?</td>
<td>_____ × 3 = ___</td>
<td>_____ × 3 = ___</td>
</tr>
<tr>
<td>Brothers or Sisters?</td>
<td>_____ × 3 = ___</td>
<td>_____ × 3 = ___</td>
</tr>
<tr>
<td>Grandparents?</td>
<td>_____ × 2 = ___</td>
<td>_____ × 2 = ___</td>
</tr>
<tr>
<td>Uncles or Aunts?</td>
<td>_____ × 2 = ___</td>
<td>_____ × 2 = ___</td>
</tr>
<tr>
<td>First Cousins?</td>
<td>_____ × 1 = ___</td>
<td>_____ × 1 = ___</td>
</tr>
</tbody>
</table>

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?


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  
To 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.

<table>
<thead>
<tr>
<th></th>
<th>Morning</th>
<th>Afternoon</th>
<th>Evening</th>
<th>Total for Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

\[ \times \quad 13 = \]

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

<table>
<thead>
<tr>
<th>Type and Amount of Beverages Consumed:</th>
<th>*Number of episodes in past 3 months:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*Total SECs: _____ per episode</td>
</tr>
<tr>
<td></td>
<td>*Hours: *Peak BAC: _____ mg%</td>
</tr>
<tr>
<td></td>
<td>[ \times \quad _____ episodes ] per 3 mo.</td>
</tr>
</tbody>
</table>

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

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

\[ \text{Total SECs}_3 \text{ mo.}^* \]
**Pattern History (All Drinkers)**

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

<table>
<thead>
<tr>
<th>Beverage</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

__________________________  ______________

over ____ hours

TOTAL SECS: _____*  Estimated Peak BAC: _____* mg%

---

**D41.** 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.

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

**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?
   DESCRIBE:
   (Y) (2)

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?
   DESCRIBE:
   (Y) (2)

24. Have you ever been arrested, even for a few hours, because of drunk behavior? (other than driving)
   DESCRIBE:
   (Y) (2)

25. Have you ever been arrested for drunk driving or driving after drinking?
   DESCRIBE:
   (Y) (2)

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)**
   A-1  A-2

*Total Column B for both pages = **(PH Score)**
   B-1  B-2


2 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).)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Purpose</th>
<th>Rx?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*B51.* Other Drugs card sort

<table>
<thead>
<tr>
<th>Specify</th>
<th>Last Use?</th>
<th>Past 3 mo. Frequency</th>
<th>How?</th>
<th>Dose?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barbiturates, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cannabis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hallucinogens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inhalants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opiates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phencyclidine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Total Drug Classes Used</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

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

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?

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: ____________________________

*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.
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)

(1) ___ Disease (2) ___ Bad Habit

Drinker Type Ratings

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: