Interview Booklet

CIF

Collateral Interview Form

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

<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>O or G</td>
<td>O or G</td>
<td>O or G</td>
<td>Total SECs</td>
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<td>Monday</td>
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<tr>
<td>Tuesday</td>
<td>O or G</td>
<td>O or G</td>
<td>O or G</td>
<td>Total SECs</td>
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<td>Tuesday</td>
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<tr>
<td>Wednesday</td>
<td>O or G</td>
<td>O or G</td>
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<td>Total SECs</td>
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<td>Wednesday</td>
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<td>Total SECs</td>
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<td>Thursday</td>
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<td>Friday</td>
<td>O or G</td>
<td>O or G</td>
<td>O or G</td>
<td>Total SECs</td>
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<td>Friday</td>
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<tr>
<td>Saturday</td>
<td>O or G</td>
<td>O or G</td>
<td>O or G</td>
<td>Total SECs</td>
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<td>Saturday</td>
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<tr>
<td>Sunday</td>
<td>O or G</td>
<td>O or G</td>
<td>O or G</td>
<td>Total SECs</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Sunday</td>
</tr>
</tbody>
</table>

FORMULA FOR CALCULATING SECs: # oz. x % alcohol x 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.)

<table>
<thead>
<tr>
<th>Type and Amount of Beverages Consumed:</th>
<th>Type and Amount of Beverages Consumed:</th>
<th>Type and Amount of Beverages Consumed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Total SECs: ____ per episode</td>
<td>*Total SECs: ____ per episode</td>
<td>*Total SECs: ____ per episode</td>
</tr>
<tr>
<td>*Hours:  *Peak BAC: ____ mg%</td>
<td>*Hours:  *Peak BAC: ____ mg%</td>
<td>*Hours:  *Peak BAC: ____ mg%</td>
</tr>
<tr>
<td>*Number of episodes in past 3 months:</td>
<td>*Number of episodes in past 3 months:</td>
<td>*Number of episodes in past 3 months:</td>
</tr>
<tr>
<td>( ) ( ) episodes per 3 mo.</td>
<td>( ) ( ) episodes per 3 mo.</td>
<td>( ) ( ) episodes per 3 mo.</td>
</tr>
</tbody>
</table>

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

\[
= \text{SECs} / 3 \text{ months}\]

Quantity/Frequency of 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.

\( ^\dagger \) 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).

\( ^\dagger \) Total SECs 3 mo.* from all episodic drinking
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:

<table>
<thead>
<tr>
<th>Past Year</th>
<th>Past 3 mo.</th>
<th>Past Week</th>
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<tbody>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Past Year</th>
<th>Past 3 mo.</th>
<th>Past Week</th>
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</tbody>
</table>

(11) ____________ 11. Has ____________ awakened the morning after some drinking the night before and been unable to remember a part of the evening before?

(12) ____________ 12. Has it been a struggle for ____________ to stop drinking after one or two drinks?

(13) ____________ 13. Has ____________ had any trouble stopping drinking when he/she wanted to?

(14) ____________ 14. Does ____________ ever drink before noon?

(15) ____________ 15. Has ____________ had severe shaking after heavy drinking?

(16) ____________ 16. Has ____________ heard voices or seen things that weren’t there after heavy drinking?
<table>
<thead>
<tr>
<th>Past Year</th>
<th>Past 3 mo.</th>
<th>Past Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(1)</td>
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</tbody>
</table>

17. Has ___________ had a hangover?

18. Has ___________ shown vague feelings of fear, anxiety, or nervousness after drinking?

19. Has ___________ reported a craving or strong need for a drink?

20. Is ___________ able to drink more now than he/she used to without feeling the same effect?

21. Has drinking or stopping drinking resulted in ___________ having a seizure or convulsion?

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

**Q:** “How confident are you about this?”

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

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

Please continue on back ▶
Record below any additional comments from the SO, or further information that may be helpful in future SO interviews: