Alcohol and Substance Use Screening Questionnaire

Patient Label

Once a year, we ask all our patients to complete this form on conditions that affect their health. Please help us provide you with the best medical care by answering the questions below.

Please CIRCLE the BEST response to each question.

In the past 3 months...

<u> </u>						
How often did you have a drink containing alcohol?	Never 0	Monthly or less	2 to 4 times a month 2			4 or more times a week 4
How many drinks containing alcohol did you have on a typical day when you were drinking?	Never 0	1 or 2 drinks 0	3 or 4 drinks 1	5 or 6 drinks 2	7 to 9 drinks 3	10 or more drinks 4
How often did you have <u>5 or more</u> drinks on one occasion?	Never 0	Less than monthly 1	Monthly 2	W	eekly 3	Daily or almost daily 4
How often have you used marijuana?	Never 0	Less than monthly 1	Monthly 2	W	eekly 3	Daily or almost daily 4
How often have you used an *illegal drug or used a prescription medication for non-medical reasons?	Never 0	Less than monthly 1	Monthly 2	W	eekly 3	Daily or almost daily 4
	How many drinks containing alcohol did you have on a typical day when you were drinking? How often did you have 5 or more drinks on one occasion? How often have you used marijuana? How often have you used an *illegal drug or used a prescription medication for	How many drinks containing alcohol? How many drinks containing alcohol did you have on a typical day when you were drinking? How often did you have 5 or more drinks on one occasion? Never occasion? Never o	drink containing alcohol? How many drinks containing alcohol did you have on a typical day when you were drinking? How often did you have 5 or more drinks on one occasion? How often have you used marijuana? Never o less 1 1 or 2 drinks 0 Less than monthly 0 1 Less than monthly 1 Less than monthly 1 How often have you used an *illegal drug or used a prescription medication for 0 Never o less than monthly	How often did you have a drink containing alcohol? How many drinks containing alcohol did you have on a typical day when you were drinking? How often did you have 5 or more drinks on one occasion? How often have you used marijuana? Never occasion? Never occasion?	How often did you have a drink containing alcohol? How many drinks containing alcohol did you have on a typical day when you were drinking? How often did you have 5 or more drinks on one occasion? How often have you used marijuana? Never occasion times a less month with a less month occasion times a month occasion times a month occasion times a less than monthly occasion times a less tha	How often did you have a drink containing alcohol? Never 0 1 2 3 or 4 5 or 6 7 to 9 drinks on one more drinks on one occasion? Never more drinks on one occasion? Never monthly Monthly Weekly 2 3 How often have you used marijuana? Never monthly Monthly Weekly 2 3 How often have you used an *illegal drug or used a prescription medication for 0 1 2 3

^{*}if patient needs further explanation, "for example, for the feeling or experience it caused"

Interpreting AUDIT-C Plus 2 Screening Results

Screening Measure	Screening Results	Interpretation	Clinical Guidance		
AUDIT-C (0-12 points)	Women: < 3 points Men: < 4 points	Negative Screen—	 Consider offering positive feedback and educating patients who drink and use cannabis about: Recommended drinking limits. Low-risk cannabis use. Health risks of alcohol (e.g., cancers, driving after drinking, pregnancy or planning) and cannabis use (e.g., impaired driving, developing a use disorder). 		
Cannabis question (0-4 points)	0-1 points (0 or < monthly)	lowest risk (if no contraindications for drinking or cannabis			
Other drugs question (0-4 points)	0 points (no use)	use)			
AUDIT-C (0-12 points)	Women: 3-6 points Men: 4-6 points		 Brief counseling per "Key Elements" in a patient-centered manner consistent with motivational interviewing: Begin conversation – build rapport. Provide feedback on screening Provide advice or a clinical recommendation. Support patient in setting a goal and/or making a plan. 		
Cannabis question (0-4 points)	2-3 points (monthly or weekly)	Positive Screen— drinks or uses cannabis regularly, at levels that can impact health			
AUDIT-C (0-12 points)	≥7 points	High-Positive Screen—drinks, uses cannabis	 Elicit symptoms. Ongoing brief counseling. Manage alcohol and/or other drug use disorders. Follow-up monitoring of use and symptoms and progress towards goal. 		
Cannabis question (0-4 points)	4 points (daily or almost)	and/or other drugs at a level that is more likely to impact health and			
Other drugs question (0-4 points)	1-4 points (any use)	therefore needs further assessment			