CASE 1 – HARLON – FOR THE INTERVIEWER – 4/17/23

Harlon is a 54-year-old divorced man who was in the emergency room 2 days ago with very high blood pressure, severe headache, and a few hours of difficulty speaking. He was diagnosed with a recent transient ischemic attack (TIA – a near stroke). He is at the clinic today to recheck his blood pressure and neurologic status.

AUDIT: In the past 12 months	0	1	2	3	4	
1. How often do you have a drink containing	Never	Monthly or	2-4 times a	2-3 times a	4 or n	nore
alcohol?		less	month	week	times a week	
How many drinks containing alcohol do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10 or 1	more
3. How often do you have 3 or more drinks on	Never	Less than	Monthly	Weekly	Daily or	
one occasion?	INCVCI	monthly	Wioning	WCCKIY	almost	
Skip to Questions 9 and 10 if Total Score for						520225
Questions 2 and $3 = 0$						
4. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or almos	
found that you were not able to stop drinking		monthly			dai	ly
once you had started?	NT	T 41	M 411	337 11	D 1	1 4
5. How often during the last year have you failed to do what was normally expected of	Never	Less than monthly	Monthly	Weekly	Daily or dai	
you?		monuny			uai	ıy
6. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or	almost
needed a first drink in the morning to get		monthly		J	dai	
yourself going after a heavy drinking session						
7. How often during the last year have you had	Never	Less than	Monthly	Weekly	Daily or almo	
a feeling of guilt or remorse after drinking?		monthly			dai	
8. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or almos	
been unable to remember what happened the night before because of your drinking?		monthly			dai	ıy
9. Have you or someone else been injured	No		Yes, but not		Yes, during the	
because of your drinking?	110		in the last		last year	
, E			year			
10. Has a relative, friend, doctor, or other	No		Yes, but not		Yes, d	
health care worker been concerned about your			in the last		the las	t year
drinking or suggested you cut down?			year		<u> </u>	
				Total score =		
DAST-10: In the past 12 months					Yes	No
1. Have you used drugs other than those required	for medical r	easons?				X
2. Do you use more than one drug at a time?						X
3. Are you always able to stop using drugs when	you want to?				X	
4. Have you ever had blackouts or flashbacks as a result of drug use?						X
5. Do you ever feel bad or guilty about your drug use?						X
6. Do people in your life ever complain about your involvement with drugs?						X
7. Have you neglected your family because of your use of drugs?						X
8. Have you engaged in illegal activities in order to obtain drugs (other than possession)?						X
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?						X
10. Have you had medical problems as a result of bleeding)?	your drug us	e (e.g., memory	loss, hepatitis, con	nvulsions,		X
***				Total score =		

CASE 1 – HARLON – FOR THE PATIENT – 4/17/23

You're a 54-year-old divorced man. You live alone. You went to the emergency room 2 days ago with a severe headache, very high blood pressure, and a few hours of difficulty speaking. You were diagnosed with a transient ischemic attack (TIA – a near stroke). You are in the clinic today for follow-up of your blood pressure and neurologic status.

You work seasonal construction jobs. Over the past few years, jobs have been more and more difficult to find. For the last 2 months, you haven't been able to find work at all. You've been angry that project foremen have not selected you for various recent opportunities. Over the past year, you have been involved in a few minor safety-related incidents, but you feel that they weren't your fault.

You've enjoyed beer since you were 16. You tried a variety of drugs but haven't used any for at least 20 years. Typically you drink on Friday and Saturday nights with friends at your favorite bar— usually 4 to 8 beers. You often have a 6-pack on Sundays watching games at the bar. When you're working, you only have a couple of beers on weekday evenings. When you're not working, you have 3 or 4 beers on weekdays.

You've been divorced for 5 years. Your ex-wife and kids used to complain about your drinking a lot. The "last straw" leading to the divorce occurred when you crashed the car and got a DWI, causing you and your daughter various injuries which took months to heal. Since living separately from your ex-wife and kids, life is much better. You all get together for family occasions and dinners once or twice a month, and you never drink at those events.

Your biggest stressor lately is money. If you can't find work, you're not sure how you're going to pay your rent next month. You were shocked when you were asked last week to settle up your bar tab for the past month. It was \$600, much more than you can afford.

The emergency room doctor expressed concern about your drinking. Your blood tests showed an inflamed liver. The doctor said that the amount of alcohol it takes to irritate your liver also raises blood pressure and increases risk for a heart attack and a stroke, which could leave you permanently unable to speak.

You've already been thinking about cutting down. Given your medical issues and financial stress, you're ready to cut down quite a bit.

CASE 2 – ALICE – FOR THE INTERVIEWER – 4/17/23

Alice is a 25-year-old woman. She has had difficulty with depression but has been stable on her medication for the past 2 years. She is here for a medication refill. Otherwise she is in excellent health.

AUDIT: In the past 12 months	0	1	2	3	4	
1. How often do you have a drink containing	Never	Monthly or	2-4 times a	2-3 times a	4 or more	
alcohol?		less	month	week	times a week	
2. How many drinks containing alcohol do you	1.2	2.4		7.0	10	
have on a typical day when you are drinking?	1-2	3-4	5-6	7-9 Weekly	10 or 1	
3. How often do you have 3 or more drinks on one occasion?	Never	Less than monthly	Monthly	weekiy	Daily or almost daily	
Skip to Questions 9 and 10 if Total Score for		monthly			dan	1 y
Questions 2 and $3 = 0$						
4. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or almo	
found that you were not able to stop drinking		monthly		·	dai	ly
once you had started?						
5. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or almos	
failed to do what was normally expected of		monthly			dai	ly
you?	Never	Less than	Monthly	Waaldy	Daily or	alma aat
6. How often during the last year have you needed a first drink in the morning to get	Never	monthly	Monthly	Weekly	dai	
yourself going after a heavy drinking session		monthly			dai	ıy
7. How often during the last year have you had	Never	Less than	Monthly	Weekly	Daily or	almost
a feeling of guilt or remorse after drinking?		monthly		,	daily	
8. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or almost	
been unable to remember what happened the		monthly			dai	ly
night before because of your drinking?						
9. Have you or someone else been injured	No		Yes, but not		Yes, during the	
because of your drinking?			in the last		last y	ear
10. Has a relative, friend, doctor, or other	No		year Yes, but not		Ves dur	ing the
health care worker been concerned about your	140		in the last		Yes, during the last year	
drinking or suggested you cut down?			year		lust y	-
		1	1	Total score =		
DACT 10 L d					Yes	N.
DAST-10: In the past 12 months 1. Have you used drugs other than those required for medical reasons?						No X
2	101 Illedical I	casons:				
2. Do you use more than one drug at a time?					X	X
3. Are you always able to stop using drugs when you want to?						
4. Have you ever had blackouts or flashbacks as a result of drug use?						X
5. Do you ever feel bad or guilty about your drug use?						X
6. Do people in your life ever complain about your involvement with drugs?						X
7. Have you neglected your family because of your use of drugs?						X
8. Have you engaged in illegal activities in order to obtain drugs (other than possession)?						X
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?						X
10. Have you had medical problems as a result of bleeding)?	your drug us	e (e.g., memory l	loss, hepatitis, cor	nvulsions,		X
				Total score =		

CASE 2 – ALICE – FOR THE PATIENT – 4/17/23

You're a 25-year-old single, healthy woman. You've had trouble with depression off and on, but for the past two years you've been fine on a steady dose of medication. You've been working as a receptionist at a local doctor's office since graduating from high school, and you're a highly valued employee.

It's difficult for you to make friends. You've always lived with your single mom, who is your best friend. For the past 2 months, you've been in a relationship for the first time – with a co-worker, Jim. You and Jim enjoy experimenting with drink recipes. You typically have 2 or 3 cocktails twice a week at his place. Each cocktail contains 2 or 3 shots, so you have at least 4 to 6 shots per night.

James has been very nice to pick you up and drive you home. You realize that James probably shouldn't have driven a few times. But lately that's no longer a problem, as you're starting to stay overnight at his place.

You enjoy the buzz and the romance around drinking. However, you have felt guilty, because when you've been intoxicated you haven't taken the precautions you and your mom discussed to prevent pregnancy and sexually transmitted infections. You believe that James is too nice of a guy to have an infection, but you would be very distraught if you got pregnant. You certainly do not want to have a child.

CASE 3 – IZAIAH – FOR THE CLINICIAN – 4/17/23

Izaiah is a 22-year-old single man on probation for larceny. He is at the clinic today after an emergency room visit for an asthma exacerbation.

AUDIT: In the past 12 months	0	1	2	3	4	
1. How often do you have a drink containing	Never	Monthly or	2-4 times a	2-3 times a	4 or more	
alcohol?		less	month	week	times a week	
2. How many drinks containing alcohol do you						
have on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10 or more	
3. How often do you have 4 or more drinks on	Never	Less than	Monthly	Weekly	Daily or almos	
one occasion? Skip to Questions 9 and 10 if Total Score for		monthly			dai	ıy
Ouestions 2 and $3 = 0$						
4. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or	almost
found that you were not able to stop drinking	2,0,0	monthly			dai	
once you had started?						,
5. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or	almost
failed to do what was normally expected of you		monthly			dai	ly
because of your drinking?						
6. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or	
needed a first drink in the morning to get		monthly			dai	ly
yourself going after a heavy drinking session 7. How often during the last year have you had	Never	Less than	Monthly	Weekly	Doily or	almost
a feeling of guilt or remorse after drinking?	Nevel	monthly	Wildining	Weekly	Daily or almost daily	
8. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or almost	
been unable to remember what happened the		monthly		J	daily	
night before because of your drinking?		,				
9. Have you or someone else been injured	No		Yes, but not		Yes, during the	
because of your drinking?			in the last		last y	/ear
10.77	***		year		77 1	
10. Has a relative, friend, doctor, or other	No		Yes, but not		Yes, during the	
health care worker been concerned about your drinking or suggested you cut down?			in the last year		last y	/ear
utiliking of suggested you cut down:			year	Total score =		
				Total score –		
DAST-10: In the past 12 months					Yes	No
1. Have you used drugs other than those required	for medical r	easons?			X	
2. Do you use more than one drug at a time?					X	
3. Are you always able to stop using drugs when you want to?						
4. Have you ever had blackouts or flashbacks as a result of drug use?						X
5. Do you ever feel bad or guilty about your drug use?						
6. Do people in your life ever complain about your involvement with drugs?						
7. Have you neglected your family because of your use of drugs?						X
8. Have you engaged in illegal activities in order to obtain drugs (other than possession)?						
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?						X
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?						X
				Total score =		

CASE 3 – IZAIAH – FOR THE PATIENT

You are a 22-year-old single man. You went to the ER last weekend for worsening asthma. You are at the clinic today because you are not much better.

You are on probation for petty larceny. You dropped out of high school at age 16. Your mother kicked you out of the house soon after that, but she keeps tabs on you, helps you out of legal jams, helps you find jobs, and occasionally gives you money. You have had sporadic employment at car washes, warehouses, and moving companies. You live with 3 friends in similar circumstances.

You've been in trouble with the law off and on since age 14. You have had numerous arrests for various misdemeanors, including shoplifting, disturbing the peace, and possession of illicit drugs. You have had 3 stays in jail, from a few days to one month. Most recently, you were caught stealing some merchandise from a warehouse, which would have allowed you to party well for a weekend, and you lost your job. You feel lucky that your employer is not pressing charges.

You've tried most drugs but have never injected. You especially enjoy snorting cocaine and then relaxing with marijuana. However, because of the expense, you often have cheap beer or whiskey instead.

You are sad that you are once again unemployed. You approached your mom for money, and this time she turned you down. You would like to find a more permanent job, and you strongly desire to avoid jail. You would consider reducing your drug use to avoid jail and get a better job.

CASE 4 – BETTY – FOR THE INTERVIEWER – 4/17/23

Betty, a 35-woman, was brought to the emergency room last night. She was very intoxicated and got in a bar fight. Today she seeks care for her injuries – various bruises, chest pain when she takes a deep, and a headache.

AUDIT: In the past 12 months	0	1	2	3	4	
1. How often do you have a drink containing	Never	Monthly or	2-4 times a	2-3 times a	4 or more	
alcohol?		less	month	week	times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1-2	3-4	5-6	7.0	10 05	mara
3. How often do you have 3 or more drinks on	Never	Less than	Monthly	7-9 Weekly	10 or more Daily or almos	
one occasion?	INCVCI	monthly	Wildining	Weekiy	dai	
Skip to Questions 9 and 10 if Total Score for		monuny			dui	- 9
Questions 2 and $3 = 0$						
4. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or	almost
found that you were not able to stop drinking		monthly			dai	ly
once you had started?						
5. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or	
failed to do what was normally expected of		monthly			dai	ly
you?			36.41	*** 11	5 '1	
6. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or	
needed a first drink in the morning to get		monthly			dai	ıy
yourself going after a heavy drinking session 7. How often during the last year have you had	Never	Less than	Monthly	Weekly	Doily or	almost
a feeling of guilt or remorse after drinking?	Nevel	monthly	Within	Weekly	Daily or almost daily	
8. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or almos	
been unable to remember what happened the		monthly		J	dai	
night before because of your drinking?						
9. Have you or someone else been injured	No		Yes, but not		Yes, during	
because of your drinking?			in the last		the last year	
			year			
10. Has a relative, friend, doctor, or other	No		Yes, but not		Yes, during th	
health care worker been concerned about your			in the last		last y	ear
drinking or suggested you cut down?			year			
				Total score =		
DAST-10: In the past 12 months					Yes	No
1. Have you used drugs other than those required	for medical r	easons?				X
2. Do you use more than one drug at a time?						X
3. Are you always able to stop using drugs when	you want to?				X	
4. Have you ever had blackouts or flashbacks as a result of drug use?						X
5. Do you ever feel bad or guilty about your drug use?						X
6. Do people in your life ever complain about your involvement with drugs?						X
7. Have you neglected your family because of your use of drugs?						X
8. Have you engaged in illegal activities in order to obtain drugs (other than possession)?						X
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?						X
10. Have you had medical problems as a result of bleeding)?	your drug us	e (e.g., memory l	oss, hepatitis, con	nvulsions,		X
				Total score =		

CASE 4 – BETTY – FOR THE PATIENT – 4/17/23

You're a 35-year-old woman. Last night you were very intoxicated and got in a bar fight. Today you are seeking care for your injuries – various bruises, chest pain when you take a deep, and a headache.

You and your husband, Bill, are construction workers. You and Bill like to work hard and party hard, and you've intentionally not had children. Your work is seasonal, and you enjoy taking extended vacations camping, hunting, and fishing.

You've enjoyed beer and whiskey since you were 16. You tried a variety of drugs but haven't used any for at least 10 years. Typically, you and Bill drink on Friday and Saturday nights with friends at bars. You usually have 4 to 6 beers and 2 to 4 shots of whiskey. And you have 2 to 3 12-ounce beers during the week, but more on "thirsty Thursdays."

You've gotten into a few fights in bars with minor injuries requiring stitches. You were arrested only once. You've had 2 DWIs when Bill was too drunk to drive home. You're much more worried about Bill's drinking than yours. He increasingly is unable to work on Mondays and Fridays, whereas you miss work only once a month or so. Bill gets shaky on most mornings, but that never happened to you. You've tried to set limits for yourself of no more than 6 drinks but you tend to forget once you're partying. Occasionally you'll have a Bloody Mary on weekend mornings to help yourself over a hangover. Quite a few of your family members have had alcoholism, but you don't drink nearly as much as they did.

While you enjoy your party life, you've been thinking for a few months that things are getting out of hand. The hangovers are awful. You don't have the energy you used to have, and you feel you're getting too old to keep your party lifestyle. And you and Bill have been spending more, working less, and burning through a lot of savings.

You know you need to cut down, but you're not sure how Bill would react to that. Nevertheleess, you would agree to stop drinking on weekdays and set a limit on weekend days.

CASE 5 – ELANA – FOR THE INTERVIEWER – 4/17/23

Elana is a 44-year-old woman. She returns to the clinic for a refill of her antidepressants.

AUDIT: In the past 12 months	0	1	2	3	4		
1. How often do you have a drink containing	Never	Monthly or	2-4 times a	2-3 times a	4 or more		
alcohol?		less	month	week	times a week		
2. How many drinks containing alcohol do you	4.0			7.0	1.0		
have on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10 or more		
3. How often do you have 3 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
Skip to Questions 9 and 10 if Total Score for		monuny			dan	. y	
Questions 2 and $3 = 0$							
4. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or almos		
found that you were not able to stop drinking		monthly		,	dail		
once you had started?							
5. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or almos		
failed to do what was normally expected of		monthly			dail	y	
you?	***	T .1	36 41	*** 11	D '1	• .	
6. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or		
needed a first drink in the morning to get yourself going after a heavy drinking session		monthly			dail	.y	
7. How often during the last year have you had	Never	Less than	Monthly	Weekly	Daily or	almost	
a feeling of guilt or remorse after drinking?	rever	monthly	Wilding	Weekly	dail		
8. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or almost		
been unable to remember what happened the		monthly		•	dail		
night before because of your drinking?							
9. Have you or someone else been injured	No		Yes, but not		Yes, during the		
because of your drinking?			in the last		last y	ear	
10 Has a relative friend dectar another	No		year Vos. but not		Vas dum	in a tha	
10. Has a relative, friend, doctor, or other health care worker been concerned about your	NO		Yes, but not in the last		Yes, during the last year		
drinking or suggested you cut down?			year		last y	Cai	
drinking of suggested you cut down.			year	Total score =			
				Total score –			
DAST-10: In the past 12 months					Yes	No	
1. Have you used drugs other than those required	for medical r	reasons?				X	
2. Do you use more than one drug at a time?						X	
3. Are you always able to stop using drugs when	you want to?				X		
4. Have you ever had blackouts or flashbacks as a result of drug use?						X	
5. Do you ever feel bad or guilty about your drug use?							
6. Do people in your life ever complain about your involvement with drugs?						X	
7. Have you neglected your family because of your use of drugs?							
8. Have you engaged in illegal activities in order to obtain drugs (other than possession)?						X	
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?						X	
10. Have you had medical problems as a result of bleeding)?	your drug us	se (e.g., memory l	oss, hepatitis, con	nvulsions,		X	
				Total score =			

CASE 5 – ELANA – FOR THE PATIENT – 4/17/23

You're a 44-year-old, single mother and a long-time assistant chef at various restaurants, seeking a refill of your antidepressants. You've been extremely stressed since a year ago, when your oldest daughter, Maria, was diagnosed with lymphoma. Maria moved back in with you while she was getting chemo, and you've been caring ever since for her two children – Allie, age 4, and Bonita, age 3. Maria died 6 months ago. You've been treated for depression with medication and counseling, but you're still more down than up. Nevertheless, you've been able to juggle work and the kids pretty well.

A few months ago, when you couldn't sleep, you took one of Maria's leftover pain pills – Vicodin. Since then, you've taken Vicodin regularly for sleep and stress – usually 2 tablets after work and 2 tablets before bedtime. There was only one downside – you slept so soundly one night that you didn't hear when Bonita was sick until Allie woke you. You never drink alcohol or use any other drugs.

In the past, you have had very little alcohol, because you don't the taste, and because you were repulsed by your father and some of his brothers, who you believe were alcoholics. You have never tried any illicit drugs.

You have had no idea that Vicodin could be addictive. If told that Vicodin could be addictive, you would certainly stop, because you certainly would not want to follow in your father's and uncles' footsteps. If you are not told that Vicodin is additive, you might instead cut back to one tablet at bedtime, so you don't sleep so heavily.