

# NIAAA Fidelity Checklist

Participant ID: \_\_\_\_\_ Therapist: \_\_\_\_\_

Rater: \_\_\_\_\_ Date: \_\_\_\_\_

## SCREENING

### NIAAA Tasks *(Indicate whether therapist completes each task)*

### Notes

Prescreen: Do you sometimes drink beer, wine, or other alcoholic beverages?  
*(If NO, screening is complete.)* ..... YES NO

Single Question Screen: How many times in the past year have you had 5 (4 for women) or more drinks in a day? ..... YES NO

Gives standard drink description (12oz-beer, 5oz-wine, 1.5oz-80 proof liquor) ..... YES NO

**Is the screening positive? NO**

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**WITHIN RECOMMENDED LIMITS** (NOT APPLICABLE)

**For patients drinking within recommended limits, advise they continue to stay within these limits:**

**Notes**

“Based on your responses, your drinking falls under maximum drinking limits. I recommend you (continue to) stay within these limits which are...” ..... YES NO

For healthy men up to age 65: no more than 4 drinks in a day AND no more than 14 drinks in a week.

**OR**

For healthy women (and healthy men over age 65): no more than 3 drinks in a day AND no more than 7 drinks in a week. .... YES NO

For pregnant women: no alcohol consumption. .... YES NO  
NOT APPLICABLE

For those who have a chronic medical condition exacerbated by alcohol: no alcohol consumption. .... YES NO

For those who take medications that interact with alcohol: no alcohol consumption..... YES NO

**Advise**: “Keep in mind that we are here and open to talking about alcohol use or any (related health) concerns that may arise in the future.” ..... YES NO

**Is the screening positive? YES**

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## MORE THAN RECOMMENDED LIMITS

(NOT APPLICABLE)

**For patients drinking more than recommended limits.** *(Scaling Questions)*

**Notes**

Assess Risk:

**Frequency** (how many days in a week?) ..... YES NO

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Assess Risk:

**Quantity** (how many drinks per day?) ..... YES NO

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Assess for Alcohol Use Disorder (AUD):

Abuse, Dependence (**Drinking more than intended**) ..... YES NO

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Assess for AUD:

Abuse, Dependence (**Risk bodily harm**) ..... YES NO

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Assess AUD further if either of the last 2 questions was positive, NA if last two questions were negative. .... YES NO

NOT APPLICABLE

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## BRIEF INTERVENTION

AUD Positive			(NOT APPLICABLE)			AUD Negative			(NOT APPLICABLE)		
State "I believe you have an AUD." .....	YES	NO				State you are drinking more than is medically safe. ....	YES	NO			
"I recommend you quit drinking and I'm willing to help." .....	YES	NO				State recommended drinking limits .....	YES	NO			
Relate to patient's concerns and medical findings if present. ....	YES	NO				State 72% of (or most) adults never exceed these limits.....	YES	NO			
NOT APPLICABLE						State risk for developing AUD .....	YES	NO			
State "Let's come up with a plan. Abstaining is the safest course for most patients with AUDs." .....	YES	NO				Daily consequences (accidents, family, education, work, money problems) .....	YES	NO			
Explain referral options.....	YES	NO				Weekly consequences (liver, gastrointestinal disease, high blood pressure, cancers) .....	YES	NO			
Ask "Which of these options would you like to pursue?" .....	YES	NO				State "I recommend you cut down and I'm willing to help." .....	YES	NO			
Make appropriate referrals or provide Strategies for Cutting Down sheet. ....	YES	NO				Ask "Are you willing to consider making changes to your drinking?" .....	YES	NO			
Acknowledge that change is difficult and encourage follow-up. ....	YES	NO									

**For risky drinking patients, are they ready to make a change?**

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## READINESS

Not Ready		(NOT APPLICABLE)		Ready		(NOT APPLICABLE)	
State "Ok, I'd like to restate that I am concerned about your health." .....	YES	NO	"Great. Let's set a goal to cut down within maximum limits." .....	YES	NO		
State "Tell me a little about what you like about drinking versus your reasons for cutting down." .....	YES	NO	State "We'll agree on a plan regarding what specific steps you are going to take." .....	YES	NO		
State, "Ok, what are the major barriers to change?" .....	YES	NO	"So let's think about: • What specific steps are you going to take? .....	YES	NO		
State "Great, if you decide to change, you can contact the behavioral health specialist at the clinic." .....	YES	NO	• How are you going to track your drinking? .....	YES	NO		
State "Keep in mind that your doctor is here and willing to help if you decide you want to make a change." .....	YES	NO	• How are you going to manage high risk situations? .....	YES	NO		
			• Who might be willing to help you?" .....	YES	NO		
			Allow response. ....	YES	NO		
			Give Strategies for Cutting Down sheet and paraphrase. ....	YES	NO		
			State "You can check some off to try the first week and add some others the next week. Which would you like to try first?" .....	YES	NO		
			State "Great, I encourage you to follow-up with your doctor with questions ... ..	YES	NO		
			...or if you have trouble sticking to your plan" .....	YES	NO		

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## FIDELITY INCONSISTENCIES

(LIST STATEMENTS OR QUESTIONS THAT VEER FROM THE PROTOCOL)

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2

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3

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4

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5

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**Total Inconsistencies:** \_\_\_\_\_