

Brief Advice Fidelity Checklist

Participant ID: _____ Therapist: _____

Rater: _____ Date: _____

SCREENING

Brief Advice 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 ISA 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. *(Screening Questions)*

Notes

Assess Risk:

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

Assess Risk:

Quantity (how many drinks per day?) YES NO

Assess for Alcohol Use Disorder (AUD):

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

Assess for AUD:

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

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 "Based on your responses, you are, your alcohol consumption exceeds the maximum recommended drinking limits"	YES	NO
"I recommend you quit drinking."	YES	NO	State recommended drinking limits	YES	NO
"Abstaining is the safest course for most patients with AUDs."	YES	NO	State 72% of (or most) adults never exceed these limits	YES	NO
Explain referral options.....	YES	NO	Daily consequences (accidents, family, education, work, money problems)	YES	NO
Ask "Which of these options would you like to pursue?"	YES	NO	Weekly consequences (liver, gastrointestinal disease, high blood pressure, cancers)	YES	NO
Make appropriate referrals or state strategies for cutting down.	YES	NO	State risk for developing AUD	YES	NO
Encourage follow-up.	YES	NO	State "I recommend you cut down and I'm willing to help."	YES	NO
			Give Strategies for Cutting Down sheet and summarize the sheet.....	YES	NO
			Give referral information.....	YES	NO
			Ask if they have questions	YES	NO

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FIDELITY INCONSISTENCIES

(LIST STATEMENTS OR QUESTIONS THAT VEER FROM THE PROTOCOL)

1

2

3

4

5

Total Inconsistencies: _____