

Role play: Sally

Clinician: Sally is a 38-year old female being seen for depression. She has been diagnosed with major depressive disorder, and prescribed an antidepressant. Score the AUDIT and DAST, mark the zone of use, and consider what the goal of a brief intervention should be for a patient in this zone. (Do not read the 3rd page.)

Alcohol screening questionnaire (AUDIT)

One drink equals:



12 oz.
beer



5 oz.
wine



1.5 oz.
liquor
(one shot)

| Questions | 0 | 1 | 2 | 3 | 4 |
|--|-------|-------------------|-------------------------------|------------------|---------------------------|
| 1. How often do you have a drink containing alcohol? | Never | Monthly or less | 2-4 times a month | 2-3 times a week | 4 or more times a week |
| 2. How many drinks containing alcohol do you have on a typical day when you are drinking? | 0 - 2 | 3 or 4 | 5 or 6 | 7 to 9 | 10 or more |
| 3. How often do you have five or more drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 4. How often during the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 5. How often during the last year have you failed to do what was normally expected of you because of drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 7. How often during the last year have you had a feeling of guilt or remorse after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 8. How often during the last year have you been unable to remember what happened the night before because of your drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 9. Have you or someone else been injured because of your drinking? | No | | Yes, but not in the last year | | Yes, during the last year |
| 10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? | No | | Yes, but not in the last year | | Yes, during the last year |
| Have you ever been in treatment for an alcohol problem? <input checked="" type="radio"/> Never <input type="radio"/> Currently <input type="radio"/> In the past | | | | | |
| I - 0-3 II - 4-9 III - 10-13 IV - 14+ | | | | | |

Total Score _____
AUDIT Zone _____

Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Which recreational drugs have you used in the past year? (Check all that apply)

- methamphetamines (speed, crystal) cocaine
 cannabis (marijuana, pot) narcotics (heroin, oxycodone, methadone, etc.)
 inhalants (paint thinner, aerosol, glue) hallucinogens (LSD, mushrooms)
 tranquilizers (valium) other _____

How often have you used these drugs? Monthly or less Weekly Daily or almost daily

| | | |
|--|----|-----|
| 1. Have you used drugs other than those required for medical reasons? | No | Yes |
| 2. Do you abuse (use) more than one drug at a time? | No | Yes |
| 3. Are you unable to stop using drugs when you want to? | No | Yes |
| 4. Have you ever had blackouts or flashbacks as a result of drug use? | No | Yes |
| 5. Do you ever feel bad or guilty about your drug use? | No | Yes |
| 6. Does your spouse (or parents) ever complain about your involvement with drugs? | No | Yes |
| 7. Have you neglected your family because of your use of drugs? | No | Yes |
| 8. Have you engaged in illegal activities in order to obtain drugs? | No | Yes |
| 9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | No | Yes |
| 10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)? | No | Yes |

0 1

Do you inject drugs? No Yes

Have you ever been in treatment for a drug problem? No Yes

I II III IV
0 1-2 3-5 6

Patient (read this information and use it to 'play' Sally):

Sally, you are a 38-year old working as a server at a restaurant. You have been experiencing depression, as well as a chronic cough.

You smoke marijuana daily and you usually have ½ to 1 joints per day. You also drink occasionally on the weekends, about 3 times a month with 3 or 4 drinks on each occasion. You are worried that your smoking is starting to impact your performance at work, because you are often lethargic and lack energy. You suspect that your smoking might be causing your cough.

These are some of Sally's thoughts and feelings about her marijuana use – she may or may not disclose depending on how she is approached by the interviewer:

You are having trouble getting by financially with your pay as a server. You have been increasingly depressed over the past 6 months. Smoking marijuana is one of the main ways you cope with your stress and you have noticed that your use has increased over the last few years. You have never tried to quit using marijuana before.

You are an 8 on the readiness ruler for being ready to change your marijuana use. You would like to just cut down and try that first.