

Role play: Shirley

For the Provider: Shirley is a 76-year-old widow who lives alone. She has no medical problems and takes no medications. Her son came to visit from another state and noted old bruising under her right eye and that she was a bit confused. He called his mother's doctor and he was told to bring her in. Sharon is oriented: Blood pressure 140/80, Heart rate 88. She has an old bruise under her right eye.

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? Never Currently In the past

I - 0-3 II - 4-9 III - 10-13 IV - 14+

Total Score _____
AUDIT Zone _____

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

You are 72 years old, a widow for the past year, living independently, and very lonely. Your son moved to another state 6 months ago. You have been increasing your alcohol intake in recent months and now drink about every day. On the days you drink, you usually have 3-4 glasses of wine until you feel sleepy enough to go to bed. You have noticed some bruising around your eye, but can't remember falling. Your son just came for an unexpected visit. He became very upset about the bruise on your eye. He insisted that you come in, but you really don't know why.

You are a 3 on the readiness ruler for making a change in your drinking.

These are some of your thoughts and feelings about your drinking; you may or may not disclose depending on how you are approached by your provider:

Pros to your drinking: It's the only thing you enjoy. It helps with the loneliness. Sometimes you can get the neighbors to come over for a short visit for afternoon drinks.

Cons to your drinking: You have not had the energy to go to your sewing class at the senior center. You are initially tired in the evening, but your sleep is interrupted multiple times during the night. You have fallen on the way to the bathroom at night, although you think this is from the slippery throw rug in the bathroom, not your balance.

The best you will agree to is to cut down to 2-3 glasses of wine per day, and maybe you won't drink every day.