

## Role play: Chris

**Clinician:** Chris is a 40-year old male who is recently divorced and a father of 2. He presented to the dental clinic for a 6-month check-up. Since the last check-up, there is a decline in oral health and active caries. Score the AUDIT, 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 2<sup>nd</sup> 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 \_\_\_\_\_

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

Chris, you are a recently divorced father of 2 boys, aged 9 and 7. You own your own catering business, which is struggling. You feel stressed and anxious, and are still having a lot of difficulty accepting the divorce which took place several months ago.

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

Your drinking has increased over the past year to where you're drinking every day, usually 5-6 beers. You are mostly a beer drinker, but occasionally add hard liquor to the mix. You find that drinking is both a social activity and a stress reducer. However, it has had some negative effects on your work and your relationship with your sons and ex-wife. As you're talking, you realize you've forgotten to brush some nights. You have driven after drinking on more than one occasion, but have never been arrested for a DUI.

You are a 5 on the readiness ruler for making a change in your drinking.