

Role play: Tiffany

Clinician: Tiffany is a 45 year old woman being seen for chronic ankle pain. 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? X 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’ Tiffany):

Tiffany, you are a 45 year old woman being seen for chronic ankle pain. You revealed on your screening form that you have been using narcotics for non-prescription reasons. You were in a car accident about a year ago. You shattered your ankle and had to have a series of surgeries and physical therapy. You were in a lot of pain and were prescribed Percocet. Your doctor decided to taper you off of it a few months ago. However, you still had pain and missed the feeling of being on it. You get pain medication from whoever you can – mostly coworkers and friends. You feel desperate to find relief from your pain, and now when you don’t take it, you feel really sick.

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

You’ve been spending a lot of money on pills. Your boyfriend isn’t happy about how tight finances have become and it’s causing conflict in your relationship. He also comments that you seem “out of it.” You have felt extremely tired lately and are having trouble focusing at work. You have felt increasingly out of control with your use of Percocet, but you’re scared to try quitting again after how sick you got.

You are a 6 on the readiness ruler for being willing to accept a referral to specialty care. You feel like you have a problem, but you’ve never been to treatment before and are nervous.