Appendix 4: Screening Tools

The Alcohol Use Disorders Identification Test (AUDIT)[9]

Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.	

1. How often do you have a drink containing alcohol?
  (0) Never [Skip to Qs 9-10]
  (1) Monthly or less
  (2) 2 to 4 times a month
  (3) 2 to 3 times a week
  (4) 4 or more times a week
	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?
	  (0) Never
	  (1) Less than monthly
	  (2) Monthly
	  (3) Weekly
	  (4) Daily or almost daily

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
  (0) 1 or 2
  (1) 3 or 4
  (2) 5 or 6
  (3) 7, 8, or 9
  (4) 10 or more
	7. How often during the last year have you had a feeling of guilt or remorse after drinking?
	  (0) Never
	  (1) Less than monthly
	  (2) Monthly
	  (3) Weekly
	  (4) Daily or almost daily

3. How often do you have six or more drinks on one occasion?
  (0) Never
  (1) Less than monthly
  (2) Monthly
  (3) Weekly
  (4) Daily or almost daily
 	
Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0
	8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
	  (0) Never
	  (1) Less than monthly
	  (2) Monthly
	  (3) Weekly
	  (4) 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?
  (0) Never
  (1) Less than monthly
  (2) Monthly
  (3) Weekly
  (4) Daily or almost daily
	9. Have you or someone else been injured as a result of your drinking?
	  (0) No
	  (2) Yes, but not in the last year
	  (4) Yes, during the last year

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
  (0) Never
  (1) Less than monthly
  (2) Monthly
  (3) Weekly
  (4) Daily or almost daily
	10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?
	  (0) No
	  (2) Yes, but not in the last year
	  (4) Yes, during the last year

Interpretation: Scores of 8 or higher indicate hazardous or harmful use Total score:	

[9] Babor TF, Higgins-Biddle JC, Saunders J, Monteiro M. *The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care. Second Edition. Geneva, Switzerland: World Health Organization (WHO) Department of Mental Health and Substance Dependence. 2001. Available at: https://apps.who.int/iris/bitstream/handle/10665/67205/WHO_MSD_MSB_01.6a.pdf.*

Severity of Alcohol Dependence Questionnaire (SADQ)[10]

Please recall a typical period of heavy drinking in the last 6 months. When was this? _____

Please select a number (either 0, 1, 2, or 3) to show how often each of the following statements applied to you during this time.

Questions	Almost never	Sometimes	Often	Nearly always
I woke up feeling sweaty.	0	1	2	3
My hands shook first thing in the morning.	0	1	2	3
My whole body shook violently first thing in the morning.	0	1	2	3
I woke up absolutely drenched in sweat.	0	1	2	3
I dreaded waking up in the morning.	0	1	2	3
I was frightened of meeting people first thing in the morning.	0	1	2	3
I felt at the edge of despair when I awoke.	0	1	2	3
I felt very frightened when I awoke.	0	1	2	3
I liked to have a morning drink.	0	1	2	3
I always gulped my first few morning drinks down as quickly as possible.	0	1	2	3
I drank in the morning to get rid of the shakes.	0	1	2	3
I had a very strong craving for drink when I awoke.	0	1	2	3
I drank more than 1/4 bottle of spirits a day (or 4 pints of beer/1 bottles of wine).	0	1	2	3
I drank more than 1/2 bottle of spirits a day (or 8 pints of beer/2 bottles of wine).	0	1	2	3
I drank more than 1 bottle of spirits a day (or 15 pints of beer/3 bottles of wine).	0	1	2	3
I drank more than 2 bottles of spirits a day (or 30 pints of beer/4 bottles of wine).	0	1	2	3

Imagine the following situation: (a) You have been completely off drink for a few weeks. (b) You then drink very heavily for two days. How would you feel the morning after those two days of heavy drinking?

Symptom	No	Slight	Moderate	A lot
I would start to sweat.	0	1	2	3
My hands would shake.	0	1	2	3
My body would shake.	0	1	2	3
I would be craving for a drink.	0	1	2	3

TOTAL SADQ SCORE = _____

Interpretation:

Score	8-15	16-30	31-60
Indication	Mild dependence	Moderate dependence	Severe dependence

[10] Stockwell T, Murphy D, Hodgson R. The Severity of Alcohol Dependence Questionnaire: Its Use, Reliability and Validity. Br J Addict. 1983;78(2):145-55.

Prediction of Alcohol Withdrawal Severity Scale (PAWSS)[11]

PART A: THRESHOLD CRITERIA – Yes or No, no point	
	Have you consumed any amount of alcohol (i.e., been drinking) <u>within the last 30 days?</u> **OR** Did the patient have a positive (+) blood alcohol level (BAL) on admission?
	If the answer to either is *YES*, proceed to next questions.
PART B: BASED ON PATIENT INTERVIEW – 1 point each	
1.	Have you been recently <u>intoxicated/drunk</u>, within the last 30 days?
2.	Have you <u>ever</u> undergone alcohol use disorder rehabilitation treatment or treatment for alcoholism? (i.e., in-patient or out-patient treatment programs or AA attendance)
3.	Have you <u>ever</u> experienced any previous episodes of alcohol withdrawal, regardless of severity?
4.	Have you <u>ever</u> experienced blackouts?
5.	Have you <u>ever</u> experienced alcohol withdrawal seizures?
6.	Have you <u>ever</u> experienced delirium tremens or DTs?
7.	Have you combined alcohol with other "downers" like benzodiazepines or barbiturates, <u>during the last 90 days</u>?
8.	Have you combined alcohol with any other substance of abuse, <u>during the last 90 days</u>?
PART C: BASED ON CLINICAL EVIDENCE – 1 point each	
9.	Was the patient's blood alcohol level (BAL) greater than 200mg/dL? (SI units 43.5 mmol/L)* **OR** *Have you consumed any alcohol in the past 24 hours?
10.	Is there any evidence of increased autonomic activity? e.g., heart rate >120 bpm, tremor, agitation, sweating, nausea
Interpretation: Maximum score = 10. This instrument is intended as a *SCREENING TOOL*. The greater the number of positive findings, the higher the risk for the development of alcohol withdrawal syndrome (AWS). A score of ≥4 suggests <u>*HIGH RISK*</u> for moderate to severe (complicated) AWS; prophylaxis and/or inpatient treatment are indicated.	

An online version of the original (unmodified) PAWSS can be found at:
https://www.mdcalc.com/prediction-alcohol-withdrawal-severity-scale.

[11] *Maldonado JR, Sher Y, Ashouri JF, et al. The "Prediction of Alcohol Withdrawal Severity Scale" (PAWSS): systematic literature review and pilot study of a new scale for the prediction of complicated alcohol withdrawal syndrome. Alcohol. 2014;48(4):375-390.*