

# Appendixes

## **Appendix I** **Screening and diagnostic instruments**

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## I. Alcohol Use Disorders Identification Test (AUDIT)

<b>1. How often do you have a drink containing alcohol?</b>				
Never	Monthly or less	2–4 times a month	2–3 times a week	4 or more times a week
(0)	(1)	(2)	(3)	(4)
<b>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</b>				
1 or 2	3 or 4	5 or 6	7 to 9	10 or more
(0)	(1)	(2)	(3)	(4)
<b>3. How often do you have six or more drinks on one occasion?</b>				
Never	Less than monthly	Monthly	Weekly	Daily or almost daily
(0)	(1)	(2)	(3)	(4)
<b>4. How often during the last year have you found that you were not able to stop drinking once you had started?</b>				
Never	Less than monthly	Monthly	Weekly	Daily or almost daily
(0)	(1)	(2)	(3)	(4)
<b>5. How often during the last year have you failed to do what was normally expected from you because of drinking?</b>				
Never	Less than monthly	Monthly	Weekly	Daily or almost daily
(0)	(1)	(2)	(3)	(4)
<b>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?</b>				
Never	Less than monthly	Monthly	Weekly	Daily or almost daily
(0)	(1)	(2)	(3)	(4)
<b>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</b>				
Never	Less than monthly	Monthly	Weekly	Daily or almost daily
(0)	(1)	(2)	(3)	(4)
<b>8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?</b>				
Never	Less than monthly	Monthly	Weekly	Daily or almost daily
(0)	(1)	(2)	(3)	(4)
<b>9. Have you or someone else been injured as a result of your drinking?</b>				
No	Yes, but not in the last year		Yes, during the last year	
(0)	(2)		(4)	
<b>10. Has a relative or friend or a doctor or other health worker, been concerned about your drinking or suggested you cut down?</b>				
No	Yes, but not in the last year		Yes, during the last year	
(0)	(2)		(4)	

Source: Saunders, JB, Aasland, OG, Babor, TF, de la Fuente, JR & Grant, M 1993, 'Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO Collaborative Project on Early Detection of Persons with Harmful Alcohol Consumption II', *Addiction*, vol. 88, pp. 791–804.

## 2. TWEAK

- T Tolerance: How many drinks can you hold?
- W Have close friends or relatives Worried or complained about your drinking in the past year?
- E Eye Opener: do you sometimes take a drink in the morning when you get up?
- A Amnesia: Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?
- K(C) Do you sometimes feel the need to Cut down on your drinking?

Source: Russell, M & Bigler, L. 1979, 'Screening for alcohol-related problems in an outpatient obstetric-gynaecologic clinic', *Journal of Obstetrics and Gynaecology*, vol. 134(1), 4–12.

### 3. T-ACE

- T Tolerance: how many drinks does it take to make you feel high?
- A Have people Annoyed you by criticizing your drinking?
- C Have you ever felt you ought to Cut down on your drinking?
- E Eye opener: Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

Source: Russell, M & Bigler, L. 1979, 'Screening for alcohol-related problems in an outpatient obstetric-gynaecologic clinic', *Journal of Obstetrics and Gynaecology*, vol. 134(1), 4–12.

#### 4. CAGE

<b>C</b>	Have you ever felt you needed to <b>Cut down</b> on your drinking?	Yes	No
<b>A</b>	Have people <b>Annoyed</b> you by criticizing your drinking?	Yes	No
<b>G</b>	Have you ever felt <b>Guilty</b> about drinking?	Yes	No
<b>E</b>	Have you ever felt you needed a drink first thing in the morning ( <b>Eye-opener</b> ) to steady your nerves or to get rid of a hangover?	Yes	No

Note: Two 'yes' responses indicate that the respondent should be investigated further.

Source: Ewing, J & Rouse, B 1970, 'Identifying the hidden alcoholic', 29th International Congress on Alcoholism and Drug Dependence, Sydney, Australia.

## 5. Michigan Alcohol Screening Test (MAST)

1. Do you feel you are a normal drinker? ('normal' – drink as much or less than most other people)	Yes	No
2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening?	Yes	No
3. Does any near relative or close friend ever worry or complain about your drinking?	Yes	No
4. Can you stop drinking without difficulty after one or two drinks?	Yes	No
5. Do you ever feel guilty about your drinking?	Yes	No
6. Have you ever attended a meeting of Alcoholics Anonymous (AA)?	Yes	No
7. Have you ever gotten into physical fights when drinking?	Yes	No
8. Has drinking ever created problems between you and a near relative or close friend?	Yes	No
9. Has any family member or close friend gone to anyone for help about your drinking?	Yes	No
10. Have you ever lost friends because of your drinking?	Yes	No
11. Have you ever gotten into trouble at work because of drinking?	Yes	No
12. Have you ever lost a job because of drinking?	Yes	No
13. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	Yes	No
14. Do you drink before noon fairly often?	Yes	No
15. Have you ever been told you have liver trouble such as cirrhosis?	Yes	No
16. After heavy drinking have you ever had delirium tremens (DTs), severe shaking, visual or auditory (hearing) hallucinations?	Yes	No
17. Have you ever gone to anyone for help about your drinking?	Yes	No
18. Have you ever been hospitalized because of drinking?	Yes	No
19. Has your drinking ever resulted in your being hospitalized in a psychiatric ward?	Yes	No
20. Have you ever gone to any doctor, social worker, clergyman or mental health clinic for help with any emotional problem in which drinking was part of the problem?	Yes	No
21. Have you been arrested more than once for driving under the influence of alcohol?	Yes	No
22. Have you ever been arrested, even for a few hours because of other behavior while drinking?	Yes*	No
*If yes, how many times? _____		
<b>SCORING</b> Please score one point if you answered the following: 1. No 2. Yes 3. Yes 4. No 5. Yes 6. Yes 7 to 22: Yes		Add up the scores and compare to the following score card: 0–2 – no apparent problem 3–5 – early or middle problem drinker 6 or more – problem drinker

Source: Selzer, ML 1971, 'The Michigan Alcoholism Screening Test: the quest for a new diagnostic instrument', *American Journal of Psychiatry*, vol. 12, pp. 1653–58

## 6. Severity of Alcohol Dependence Questionnaire Form-C (SADQ-C)

The SADQ-C emphasises tolerance and withdrawal symptoms, and physical dependence generally. The impaired control items are a new inclusion, but they do not feature in the current scoring of dependence, and should not be used in reaching an overall score on the SADQ-C.

Name:		Sex: M/F	
Date of birth:		Age:	
Have you drunk any alcohol in the past six months?		Yes*	No
* If YES, please answer all the following questions by circling the most appropriate response.			
<b>Section A – Impaired Control Scale (ICQ): During the past SIX MONTHS</b>			
Answers to each question are rated on a four-point scale as follows:			
Never or almost never	Sometimes	Often	Nearly always
0	1	2	3
1. After having just one to two drinks, I felt like having a few more.			
Never or almost never	Sometimes	Often	Nearly always
2. After having two or three drinks, I could stop drinking if I had other things to do.			
Never or almost never	Sometimes	Often	Nearly always
3. When I started drinking alcohol, I found it hard to stop until I was fairly drunk.			
Never or almost never	Sometimes	Often	Nearly always
4. When I went drinking, I planned to have at least six drinks.			
Never or almost never	Sometimes	Often	Nearly always
5. When I went drinking, I planned to have no more than two or three drinks.			
Never or almost never	Sometimes	Often	Nearly always
Scoring Part I	Low 0–5	Average 6–10	High 11–15
<b>Section B – SADQ, Form-C: During the past SIX MONTHS</b>			
1. The day after drinking alcohol, I woke up feeling sweaty.			
Never or almost never	Sometimes	Often	Nearly always
2. The day after drinking alcohol, my hands shook first thing in the morning.			
Never or almost never	Sometimes	Often	Nearly always
3. The day after drinking alcohol, I woke up absolutely drenched in sweat.			
Never or almost never	Sometimes	Often	Nearly always
4. The day after drinking alcohol, my whole body shook violently first thing in the morning if I didn't have a drink.			
Never or almost never	Sometimes	Often	Nearly always
5. The day after drinking alcohol, I dread waking up in the morning.			
Never or almost never	Sometimes	Often	Nearly always
6. The day after drinking alcohol, I was frightened of meeting people first thing in the morning.			
Never or almost never	Sometimes	Often	Nearly always

7. The day after drinking alcohol, I felt at the edge of despair when I awoke.			
Never or almost never	Sometimes	Often	Nearly always
8. The day after drinking alcohol, I felt very frightened when I awoke.			
Never or almost never	Sometimes	Often	Nearly always
9. The day after drinking alcohol, I liked to have a morning drink.			
Never or almost never	Sometimes	Often	Nearly always
10. The day after drinking alcohol, in the morning I always gulped my first few alcoholic drinks down as quickly as possible.			
Never or almost never	Sometimes	Often	Nearly always
11. The day after drinking alcohol, I drank more alcohol in the morning to get rid of the shakes.			
Never or almost never	Sometimes	Often	Nearly always
12. The day after drinking alcohol, I had a very strong craving for an alcoholic drink when I woke.			
Never or almost never	Sometimes	Often	Nearly always
13. I drank more than a quarter of a bottle of spirits in a day (or 1 bottle of wine or 7 middies of beer).			
Never or almost never	Sometimes	Often	Nearly always
14. I drank more than half a bottle of spirits in a day (or 2 bottles of wine or 15 middies of beer).			
Never or almost never	Sometimes	Often	Nearly always
15. I drank more than one bottle of spirits per day (or 4 bottles of wine or 30 middies of beer).			
Never or almost never	Sometimes	Often	Nearly always
16. I drank more than two bottles of spirits per day (or 8 bottles of wine or 60 middies of beer).			
Never or almost never	Sometimes	Often	Nearly always
<b>Section C – SADQ, Form-C: Imagine the following situations</b>			
A. You have HARDLY DRUNK ANY ALCOHOL FOR A FEW DAYS.			
B. You then drink VERY HEAVILY for TWO DAYS.			
How would you feel the MORNING AFTER those two days of heavy drinking?			
17. I would start to sweat.			
Not at all	Slightly	Moderately	Quite a lot
18. My hands would shake.			
Not at all	Slightly	Moderately	Quite a lot
19. My body would shake.			
Not at all	Slightly	Moderately	Quite a lot
20. I would be craving for a drink.			
Not at all	Slightly	Moderately	Quite a lot
Answers to each question are rated on a four-point scale as follows:			
0 = almost never			
1 = sometimes			
2 = often			
3 = nearly always			
Section B and Section C SADQ-C scores lower than or equal to 30 indicate low (zero to 20) to moderate dependence, while scores higher than 30 indicate a high-level of dependence.			

Source: Stockwell, T, Sitharthan, T, McGrath, D & Lang, E 1994, 'The measurement of alcohol dependence and impaired control in community samples', *Addiction*, vol. 89, no. 2, pp. 167–74.

## 7. Short Alcohol Dependence Data (SADD) questionnaire

The SADD questionnaire measures physiological and behavioural features of dependence, such as the salience of the drink-seeking behaviour. Its authors have recommended that scores of one to nine be considered low dependence, 10 to 19 equals medium dependence, and 20 or more equals high dependence, based on a four-point rating scale similar to that used in the SADQ-C.

The following questions cover a wide range of topics to do with drinking. Please read each question carefully but do not think too much about its exact meaning. Think about your **most recent** drinking habits and answer each question by placing a tick under the **most appropriate** heading. If you have any difficulties **ask for help**.

	Never	Sometimes	Often	Nearly always
1. Do you find difficulty in getting the thought of drink out of your mind?				
2. Is getting drunk more important than your next meal?				
3. Do you plan your day around when and where you can drink?				
4. Do you drink in the morning, afternoon and evening?				
5. Do you drink for the effect of alcohol without caring what the drink is?				
6. Do you drink as much as you want irrespective of what you are doing the next day?				
7. Given that many problems might be caused by alcohol, do you still drink too much?				
8. Do you know that you won't be able to stop drinking once you start?				
9. Do you try to control your drinking by giving it up completely for days or weeks at a time?				
10. The morning after a heavy drinking session do you need your first drink to get yourself going?				
11. The morning after a heavy drinking session do you wake up with a definite shakiness of your hands?				
12. After a heavy drinking session do you wake up and retch or vomit?				
13. The morning after a heavy drinking session do you go out of your way to avoid people?				
14. After a heavy drinking session do you see frightening things that later you realise were imaginary?				
15. Do you go drinking and the next day, find you have forgotten what happened the night before?				

Source: Raistrick, D, Dubar, G & Davidson, R 1983, 'Development of a questionnaire to measure alcohol dependence', *British Journal of Addiction*, vol. 78, pp. 89–95.

Suggested scores on three measures of alcohol dependence to determine treatment goal and intensity			
Scale	Low dependence Moderation goal Brief intervention	Moderate dependence Moderation/abstinence Brief or intensive intervention	High dependence Abstinence goal Intensive intervention
SADQ	0–20	21–40	41–60
SADD	0–9	10–19	20–45
ADS*	0–13	14–30	31–51

Sources: Heather, N 1989, 'Brief intervention strategies', in Hester, RK & Miller, WR (eds) 1989, *Handbook of Alcoholism Treatment Approaches*, Pergamon Press, New York. \* Skinner, HA & Horn, JL 1984, *Alcohol Dependence Scale (ADS) Users Guide*, Addiction Research Foundation, Toronto.

## 8. Readiness to Change Questionnaire (RTCQ)

The following questionnaire is designed to identify how you feel about your drinking right now. Please think about your current situation and drinking habits, even if you have given up drinking completely. Read each question carefully, and then decide to what extent you agree or disagree with the statements.

**Key:** SD – Strongly Disagree; D – Disagree; U – Unsure; A – Agree; SA – Strongly Agree

	SD	D	U	A	SA
1. There is no need for me to change my drinking habits.					
2. I enjoy my drinking, but sometimes I drink too much.					
3. I have reached the stage where I should seriously think about giving up or drinking less alcohol.					
4. I am trying to stop drinking or drink less than I used to.					
5. I was drinking too much at one time, but now I've managed to cut down (or stop) my drinking.					
6. It's a waste of time thinking about my drinking because I do not have a problem.					
7. Sometimes I think I should quit or cut down on my drinking.					
8. I have decided to do something about my drinking.					
9. I know that my drinking has caused problems, and I'm now trying to correct this.					
10. I have changed my drinking habits (either cut down or quit), and I'm trying to keep it that way.					
11. There is nothing seriously wrong with my drinking.					
12. My drinking is a problem sometimes.					
13. I'm preparing to change my drinking habits (either cut down or give up completely).					
14. Anyone can talk about wanting to do something about their drinking, but I am actually doing something about it.					
15. It is important for me to hold onto the changes I've made, now that I've cut down (or quit) drinking.					
16. I am a fairly normal drinker.					
17. I am weighing up the advantages and disadvantages of my present drinking habits.					
18. I have made a plan to stop or cut down drinking, and I intend to put this plan into practice.					

Source: Rollnick, S, Heather, N, Gold, R & Hall, W 1992, 'Development of a short "Readiness to Change" Questionnaire for use in brief opportunistic interventions', *British Journal of Addiction*, vol. 87, pp. 743–54.

## 9. Stages of Change Readiness and Treatment Eagerness scale (SOCRATES)

Read the following statements carefully; each one describes a way that you might feel about your drinking. For each statement, circle one number to indicate how much you agree or disagree with it right now. **Circle only one number for every statement.**

	NO! Strongly disagree	No Disagree	? Undecided or unsure	Yes Agree	YES! Strongly agree
1. I really want to make changes in my drinking.	1	2	3	4	5
2. Sometimes I wonder if I am an alcoholic.	1	2	3	4	5
3. If I don't change my drinking soon, my problems are going to get worse.	1	2	3	4	5
4. I have already started making some changes in my drinking	1	2	3	4	5
5. I was drinking too much at one time, but I've managed to change my drinking.	1	2	3	4	5
6. Sometimes I wonder if my drinking is hurting other people.	1	2	3	4	5
7. I am a problem drinker.	1	2	3	4	5
8. I'm not just thinking about changing my drinking, I'm already doing something about it.	1	2	3	4	5
9. I have already changed my drinking, and I am looking for ways to keep from slipping back to my old pattern.	1	2	3	4	5
10. I have serious problems with drinking.	1	2	3	4	5
11. Sometimes I wonder if I am in control of my drinking.	1	2	3	4	5
12. My drinking is causing a lot of harm.	1	2	3	4	5
13. I am actively doing things now to cut down or stop drinking.	1	2	3	4	5
14. I want help to keep from going back to the drinking problems that I had before.	1	2	3	4	5
15. I know that I have a drinking problem.	1	2	3	4	5
16. There are times when I wonder if I drink too much.	1	2	3	4	5
17. I am an alcoholic.	1	2	3	4	5
18. I am working hard to change my drinking.	1	2	3	4	5
19. I have made some changes in my drinking, and I want some help to keep from going back to the way I used to drink.	1	2	3	4	5

**SOCRATES scoring**

Transfer answers from questionnaire (see note below):

Recognition	Ambivalence	Taking Steps
1 _____	2 _____	4 _____
3 _____	5 _____	
	6 _____	
7 _____		8 _____
	9 _____	
10 _____	11 _____	
12 _____		13 _____
	14 _____	
15 _____	16 _____	
17 _____		18 _____
		19 _____
Totals: Re: _____	Am: _____	Ts: _____

SOCRATES Profile Sheet (19-Item Version 8A)

INSTRUCTIONS: From the SOCRATES Scoring Form (19-Item Version) transfer the total scale scores into the empty boxes at the bottom of the Profile Sheet. Then for each scale, CIRCLE the same value above it to determine the decile range.

DECILE SCORES	Recognition	Ambivalence	Taking Steps
90 (very high)		19–20	39–40
80		18	37–38
70 (high)	35	17	36
60	34	16	34–35
50 (medium)	32–33	15	33
40	31	14	31–32
30 (low)	29–30	12–13	30
20	27–28	9–11	26–29
10 (very low)	7–26	4–8	8–25
<b>Raw scores (from scoring sheet)</b>	<b>Re=</b> _____	<b>Am=</b> _____	<b>Ts=</b> _____

These interpretive ranges are based on a sample of 1726 adult men and women presenting for treatment of alcohol problems through Project MATCH. Note that individual scores are therefore being ranked as low, medium, or high relative to people already presenting for alcohol treatment.

Guidelines for interpreting SOCRATES-8 scores

Using the SOCRATES profile sheet, circle the client's raw score within each of the three scale columns. This provides information as to whether the client's scores are low, average, or high relative to people already seeking treatment for alcohol problems. The above table provides general guidelines for interpretation of scores, but it is wise to examine individual item responses for additional information.

Source: Miller, W & Tonigan, J 1996, 'Assessing drinkers' motivation for change: the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES)', *Psychology of Addictive Behaviors*, vol. 10, pp. 81–89.

## 10. ASSIST V3.0 (WHO)

### Introduction (please read to patient):

Thank you for agreeing to take part in this brief interview about alcohol, tobacco products and other drugs. I am going to ask you some questions about your experience of using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills (show drug card).

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will not record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

**Note:** Before asking questions, give ASSIST response card to patient (see page 185).

<b>Question 1 (if completing follow-up, please cross check the patient's answers with the answers given for Q1 at baseline. Any differences on this question should be queried)</b>					
<b>In your life, which of the following substances have you ever used? (non-medical use only)</b>					
	<b>No</b>	<b>Yes</b>			
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3			
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	3			
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3			
d. Cocaine (coke, crack, etc.)	0	3			
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	3			
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3			
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	3			
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	3			
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	3			
j. Other – specify:	0	3			
Probe if all answers are negative: 'Not even when you were in school?'					
If 'No' to all items, stop interview.					
If 'Yes' to any of these items, ask Question 2 for each substance ever used.					
<b>Question 2 (score as indicated)</b>					
<b>In the past three months, how often have you used the substances you mentioned (first drug, second drug, etc.)?</b>					
	<b>Never</b>	<b>Once or twice</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily or almost daily</b>
	0	2	3	4	6
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc)					
b. Alcoholic beverages (beer, wine, spirits, etc.)					
c. Cannabis (marijuana, pot, grass, hash, etc.)					
d. Cocaine (coke, crack, etc.)					
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)					
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)					
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)					
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)					
i. Opioids (heroin, morphine, methadone, codeine, etc.)					
j. Other – specify:					
If 'Never' to all items in Question 2, skip to Question 6.					
If any substances in Question 2 were used in the previous three months, continue with Questions 3, 4 & 5 for each substance used.					

<b>Question 3 (score as indicated)</b>					
<b>During the past three months, how often have you had a strong desire or urge to use (first drug, second drug, etc.)?</b>					
	<b>Never</b>	<b>Once or twice</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily or almost daily</b>
	0	3	4	5	6
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc)					
b. Alcoholic beverages (beer, wine, spirits, etc.)					
c. Cannabis (marijuana, pot, grass, hash, etc.)					
d. Cocaine (coke, crack, etc.)					
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)					
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)					
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)					
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)					
i. Opioids (heroin, morphine, methadone, codeine, etc.)					
j. Other – specify:					
<b>Question 4 (score as indicated)</b>					
<b>During the past three months, how often has your use of (first drug, second drug, etc.) led to health, social, legal or financial problems?</b>					
	<b>Never</b>	<b>Once or twice</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily or almost daily</b>
	0	4	5	6	7
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc)					
b. Alcoholic beverages (beer, wine, spirits, etc.)					
c. Cannabis (marijuana, pot, grass, hash, etc.)					
d. Cocaine (coke, crack, etc.)					
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)					
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)					
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)					
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)					
i. Opioids (heroin, morphine, methadone, codeine, etc.)					
j. Other – specify:					

<b>Question 5 (score as indicated)</b>					
<b>During the past three months, how often have you failed to do what was normally expected of you because of your use of (first drug, second drug, etc.)?</b>					
	Never	Once or twice	Monthly	Weekly	Daily or almost daily
	0	2	4	6	8
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc)					
b. Alcoholic beverages (beer, wine, spirits, etc.)					
c. Cannabis (marijuana, pot, grass, hash, etc.)					
d. Cocaine (coke, crack, etc.)					
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)					
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)					
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)					
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)					
i. Opioids (heroin, morphine, methadone, codeine, etc.)					
j. Other – specify:					
Ask Questions 6 & 7 for all substances ever used (i.e. those endorsed in Question 1)					
<b>Question 6 (score as indicated)</b>					
<b>Has a friend or relative or anyone else ever expressed concern about your use of (first drug, second drug, etc.)?</b>					
	No, never	Yes, in past 3 months	Yes, but not in past 3 months		
	0	6	3		
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc)					
b. Alcoholic beverages (beer, wine, spirits, etc.)					
c. Cannabis (marijuana, pot, grass, hash, etc.)					
d. Cocaine (coke, crack, etc.)					
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)					
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)					
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)					
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)					
i. Opioids (heroin, morphine, methadone, codeine, etc.)					
j. Other – specify:					

<b>Question 7 (score as indicated)</b>			
<b>Have you ever tried and failed to control, cut down or stop using (first drug, second drug, etc.)?</b>			
	No, never	Yes, in past 3 months	Yes, but not in past 3 months
	0	6	3
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc)			
b. Alcoholic beverages (beer, wine, spirits, etc.)			
c. Cannabis (marijuana, pot, grass, hash, etc.)			
d. Cocaine (coke, crack, etc.)			
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)			
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)			
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)			
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)			
i. Opioids (heroin, morphine, methadone, codeine, etc.)			
j. Other – specify:			
<b>Question 8 (score as indicated)</b>			
<b>Have you ever used any drug by injection? (non-medical use only)</b>			
	No, never	Yes in the past 3 months	Yes, but not in the past 3 months
	0	2	1

**IMPORTANT NOTE:** Patients who have injected drugs in the last 3 months should be asked about their pattern of injecting during this period, to determine their risk levels and the best course of intervention.

### Pattern of injecting

Once weekly or less?  
Fewer than three days in a row?  
More than once per week?  
More than three days in a row?



### Intervention guidelines

Brief intervention including 'risks associated with injecting' card.

Further assessment and more intensive treatment.

### How to calculate a specific substance involvement score

For each substance (labelled a. to j.) add up the scores received for questions 2 through 7 inclusive. Do not include the results from either Q1 or Q8 in this score.

For example, a score for cannabis would be calculated as: Q2c + Q3c + Q4c + Q5c + Q6c + Q7c.

Note that Q5 for tobacco is not coded, and is calculated as: Q2a + Q3a + Q4a + Q6a + Q7a.

The patient's specific substance involvement score determines the type of intervention

	Record specific substance score	No intervention	Receive brief intervention	More intensive treatment *
a. tobacco		0–3	4–26	27+
b. alcohol		0–10	11–26	27+
c. cannabis		0–3	4–26	27+
d. cocaine		0–3	4–26	27+
e. amphetamine		0–3	4–26	27+
f. inhalants		0–3	4–26	27+
g. sedatives		0–3	4–26	27+
h. hallucinogens		0–3	4–26	27+
i. opioids		0–3	4–26	27+
j. other drugs		0–3	4–26	27+

Note: \* Further assessment and more intensive treatment may be provided by the health professional(s) within your primary care setting, or, by a specialist drug and alcohol treatment service when available.

Source: World Health Organization 2002, 'Alcohol, Smoking and Substance Involvement Screening Test (WHO ASSIST) Working Group, The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): development, reliability and feasibility', *Addiction*, vol. 97, pp. 1183–94.

## ASSIST V3.0 (WHO) response card for patients

Response Card – substances
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)
b. Alcoholic beverages (beer, wine, spirits, etc.)
c. Cannabis (marijuana, pot, grass, hash, etc.)
d. Cocaine (coke, crack, etc.)
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)
i. Opioids (heroin, morphine, methadone, codeine, etc.)
j. Other – specify:
Response Card (ASSIST Questions 2 to 5)
Never: not used in the last 3 months
Once or twice: 1 to 2 times in the last 3 months
Monthly: 1 to 3 times in one month
Weekly: 1 to 4 times per week
Daily or almost daily: 5 to 7 days per week
Response Card (ASSIST Questions 6 to 8)
No, never
Yes, but not in the past 3 months
Yes, in the past 3 months

## ASSIST V3.0 (WHO) feedback report card for patients

Name _____	Test date ____/____/____		
Specific substance involvement scores			
Substance score risk level			
a. Tobacco products	0–3 Low	4–26 Moderate	27+ High
b. Alcoholic Beverages	0–10 Low	11–26 Moderate	27+ High
c. Cannabis	0–3 Low	4–26 Moderate	27+ High
d. Cocaine	0–3 Low	4–26 Moderate	27+ High
e. Amphetamine type stimulants	0–3 Low	4–26 Moderate	27+ High
f. Inhalants	0–3 Low	4–26 Moderate	27+ High
g. Sedatives or Sleeping Pills	0–3 Low	4–26 Moderate	27+ High
h. Hallucinogens	0–3 Low	4–26 Moderate	27+ High
i. Opioids	0–3 Low	4–26 Moderate	27+ High
j. Other – specify	0–3 Low	4–26 Moderate	27+ High

What do your scores mean?	
<b>Low</b>	You are at low risk of health and other problems from your current pattern of use.
<b>Moderate</b>	You are at risk of health and other problems from your current pattern of substance use.
<b>High</b>	You are at high risk of experiencing severe problems (health, social, financial, legal, relationship) as a result of your current pattern of use and are likely to be dependent

**Are you concerned about your substance use?**

**a. Tobacco**

Your risk of experiencing these harms is: Low  Moderate  High  (tick one)

Regular tobacco smoking is associated with:

- premature aging, wrinkling of the skin
- respiratory infections and asthma
- high blood pressure, diabetes
- respiratory infections, allergies and asthma in children of smokers
- miscarriage, premature labour and low birth weight babies for pregnant women
- kidney disease
- chronic obstructive airways disease
- heart disease, stroke, vascular disease
- cancers.

**b. Alcohol**

Your risk of experiencing these harms is: Low  Moderate  High  (tick one)

Regular excessive alcohol use is associated with:

- hangovers, aggressive and violent behaviour, accidents and injury
- reduced sexual performance, premature ageing
- digestive problems, ulcers, inflammation of the pancreas, high blood pressure
- anxiety and depression, relationship difficulties, financial and work problems
- difficulty remembering things and solving problems
- deformities and brain damage in babies of pregnant women
- stroke, permanent brain injury, muscle and nerve damage
- liver disease, pancreas disease
- cancers, suicide.

**c. Cannabis**

Your risk of experiencing these harms is: Low  Moderate  High  (tick one)

Regular use of cannabis is associated with:

- problems with attention and motivation
- anxiety, paranoia, panic, depression
- decreased memory and problem solving ability
- high blood pressure
- asthma, bronchitis
- psychosis in those with a personal or family history of schizophrenia
- heart disease and chronic obstructive airways disease
- cancers

**d. Cocaine**

Your risk of experiencing these harms is: Low  Moderate  High  (tick one)

Regular use of cocaine is associated with:

- difficulty sleeping, heart racing, headaches, weight loss
- numbness, tingling, clammy skin, skin scratching or picking
- accidents and injury, financial problems
- irrational thoughts
- mood swings – anxiety, depression, mania
- aggression and paranoia
- intense craving, stress from the lifestyle
- psychosis after repeated use of high doses
- sudden death from heart problems.

<b>e. Amphetamine-type stimulants</b>
Your risk of experiencing these harms is: Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> (tick one)
Regular use of amphetamine type stimulants is associated with: <ul style="list-style-type: none"> <li>• difficulty sleeping, loss of appetite and weight loss, dehydration</li> <li>• jaw clenching, headaches, muscle pain</li> <li>• mood swings – anxiety, depression, agitation, mania, panic, paranoia</li> <li>• tremors, irregular heartbeat, shortness of breath</li> <li>• aggressive and violent behaviour</li> <li>• psychosis after repeated use of high doses</li> <li>• permanent damage to brain cells</li> <li>• liver damage, brain haemorrhage, sudden death (ecstasy) in rare situations.</li> </ul>
<b>f. Inhalants</b>
Your risk of experiencing these harms is: Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> (tick one)
Regular use of inhalants is associated with: <ul style="list-style-type: none"> <li>• dizziness and hallucinations, drowsiness, disorientation, blurred vision</li> <li>• flu like symptoms, sinusitis, nosebleeds</li> <li>• indigestion, stomach ulcers</li> <li>• accidents and injury</li> <li>• memory loss, confusion, depression, aggression</li> <li>• coordination difficulties, slowed reactions, hypoxia</li> <li>• delirium, seizures, coma, organ damage (heart, lungs, liver, kidneys)</li> <li>• death from heart failure.</li> </ul>
<b>g. Sedatives</b>
Your risk of experiencing these harms is: Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> (tick one)
Regular use of sedatives is associated with: <ul style="list-style-type: none"> <li>• drowsiness, dizziness and confusion</li> <li>• difficulty concentrating and remembering things</li> <li>• nausea, headaches, unsteady gait</li> <li>• sleeping problems</li> <li>• anxiety and depression</li> <li>• tolerance and dependence after a short period of use.</li> <li>• severe withdrawal symptoms</li> <li>• overdose and death if used with alcohol, opioids or other depressant drugs.</li> </ul>
<b>h. Hallucinogens</b>
Your risk of experiencing these harms is: Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> (tick one)
Regular use of hallucinogens is associated with: <ul style="list-style-type: none"> <li>• hallucinations (pleasant or unpleasant) – visual, auditory, tactile, olfactory</li> <li>• difficulty sleeping</li> <li>• nausea and vomiting</li> <li>• increased heart rate and blood pressure</li> <li>• mood swings</li> <li>• anxiety, panic, paranoia</li> <li>• flash-backs</li> <li>• increase the effects of mental illnesses such as schizophrenia.</li> </ul>

**i. Opioids**

Your risk of experiencing these harms is: Low  Moderate  High  (tick one)

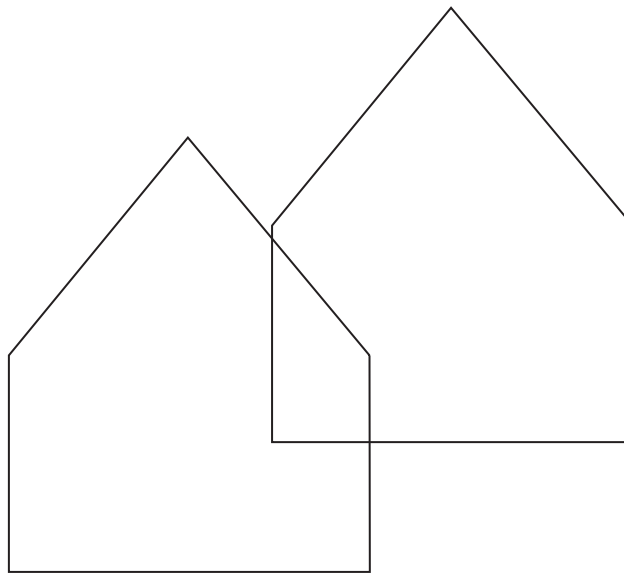
Regular use of opioids is associated with:

- itching, nausea and vomiting
- drowsiness
- constipation, tooth decay
- difficulty concentrating and remembering things
- reduced sexual desire and sexual performance
- relationship difficulties
- financial and work problems, violations of law
- tolerance and dependence, withdrawal symptoms
- overdose and death from respiratory failure.

## I I. Mini-Mental State Examination

	Patient score	Maximum score
<b>ORIENTATION</b>		
1. What is the (year) (season) (month) (date) (day)?		5
2. Where are we: (state) (country) (city) (suburb) (street or hospital) (house number or ward)? (Accept exact answer only)		5
<b>REGISTRATION</b>		
3. I am going to name three objects, after I have said all three objects I want you to repeat them. Remember what they are because I am going to ask you to name them in a few minutes (say them slowly at 1 second intervals).  Please repeat the three items for me. (Score 1 point for each correct reply on the first attempt) (Allow 20 seconds for reply, if patient did not repeat all three, repeat until they are learned or up to a maximum of 5 seconds)		3
<b>ATTENTION AND CALCULATION</b>		
4. Subtract seven from 100 and keep subtracting seven from what is left until I tell you to stop. (May repeat three times if patient pauses – just the same instruction – allow one minute, stop after five answers.)  If unable to subtract, ask the patient to recite the days of the week backwards or to spell 'world' backwards.		5
<b>RECALL</b>		
5. Now, what were the three objects that I asked you to remember?  Please repeat the three items for me. (Score 1 point for each correct reply on the first attempt.) (Allow 10 seconds; allow one point for each correct response, regardless of order.)		3
<b>LANGUAGE</b>		
6. Show two objects (watch – take off wrist). 'What is this called?' Then pencil. 'What is this called?'  (Allow 10 seconds – watch, not clock; pencil, not pen.)		2
7. I'd like you to repeat a phrase after me. 'No ifs, ands or buts'  (Allow 10 seconds – repetition must be exact.)		1
8. Follow a three-stage command – ask if the patient is left or right handed. 'Take this paper in your (right/left) hand, fold it in half once with both hands, and put the paper down on the floor'.  (Allow 10 seconds – repetition must be exact.)		3
9. Read the words on this page and then do what it says (show a sheet of paper with CLOSE YOUR EYES typed on it)  (If patient reads and does not close their eyes – may repeat instruction a maximum of three times. Allow 10 seconds; score one point only if patient closes eyes. Patient does not have to read aloud.)		1
10. Ask the patient to write any complete sentence on a piece of paper.  (Allow 30 seconds. The sentence should make sense; ignore spelling errors.)		1
11. Give patient pencil, eraser and paper and design (see two intersecting pentangles diagram below); ask patient to copy the design.  (Allow multiple tries until patient is finished and hands it back. Maximum time 1 minute. Check if all sides and angles are preserved and if the intersecting sides form a quadrangle.)		1
<b>Total score</b>		<b>30</b>

Interpreting score	
0–17	Marked cognitive impairment, very likely to be dementia
18–23	Moderate cognitive impairment, quite possibly dementia
24–30	Normal range. Interpretation depends on previous level of education, language/culture



Source: Folstein, MF, Folstein, SE & McHugh PR 1975, 'Mini-mental state: A practical method for grading the cognitive state of patients for the clinician', *Journal of Psychiatric Research*, vol. 12, no. 3, 189–98

## 12. Indigenous Risk Impact Screen (IRIS)

Question	Content domain	Response alternatives
1. In the last 6 months have you needed to drink or use more to get the effects you want?	Alcohol and drug	1 = No 2 = Yes, a bit more 3 = Yes, a lot more
2. When you have cut down or stopped drinking or using drugs in the past, have you experienced any symptoms, such as sweating, shaking, feeling sick in the tummy/vomiting, diarrhoea, feeling really down or worried, problems sleeping, aches and pains?	Alcohol and drug	1 = Never 2 = Sometimes when I stop 3 = Yes, every time
3. How often do you feel that you end up drinking or using drugs much more than you expected?	Alcohol and drug	1 = Never/hardly ever 2 = Once a month 3 = Once a fortnight 4 = Once a week 5 = More than once a week 6 = Most days/every day
4. Do you ever feel out of control with your drinking or drug use?	Alcohol and drug	1 = Never/hardly ever 2 = Sometimes 3 = Often 4 = Most days/every day
5. How difficult would it be to stop or cut down on your drinking or drug use?	Alcohol and drug	1 = Not difficult at all 2 = Fairly easy 3 = Difficult 4 = I couldn't stop or cut down
6. What time of the day do you usually start drinking or using drugs?	Alcohol and drug	1 = At night 2 = In the afternoon 3 = Sometime in the morning 4 = As soon as I wake up
7. How often do you find that your whole day has involved drinking or using drugs?	Alcohol and drug	1 = Never/hardly ever 2 = Sometimes 3 = Often 4 = Most days/every day
8. How often do you feel down in the dumps, sad or slack?	Mental health and emotional wellbeing	1 = Never/hardly ever 2 = Sometimes 3 = Most days/every day
9. How often have you felt that life is hopeless?	Mental health and emotional wellbeing	1 = Never/hardly ever 2 = Sometimes 3 = Most days/every day
10. How often do you feel nervous or scared?	Mental health and emotional wellbeing	1 = Never/hardly ever 2 = Sometimes 3 = Most days/every day
11. Do you worry much?	Mental health and emotional wellbeing	1 = Never/hardly ever 2 = Sometimes 3 = Most days/every day
12. How often do you feel restless and that you can't sit still?	Mental health and emotional wellbeing	1 = Never/hardly ever 2 = Sometimes 3 = Most days/every day
13. Do past events in your family still affect your wellbeing today (such as being taken away from family)?	Mental health and emotional wellbeing	1 = Never/hardly ever 2 = Sometimes 3 = Most days/every day

Source: Schlesinger, CM, Ober, C, McCarthy, MM, Watson JD & Seinen A 2007, 'The development and validation of the Indigenous Risk Impact Screen (IRIS): a 13-item screening instrument for alcohol and drug and mental health risk', *Drug and Alcohol Review*, vol. 26, pp. 109–17

### 13. Alcohol Problems Questionnaire (APQ)

All questions refer to the preceding 6 months and are answered either 'yes' or 'no'.

Common items
1. Have you tended to drink more on your own than you used to?
2. Have you worried about meeting your friends again the day after a drinking session?
3. Have you spent more time with drinking friends than other kinds of friends?
4. Have your friends criticised you for drinking too much?
5. Have you had any debts?
6. Have you pawned any of your belongings to buy alcohol?
7. Do you find yourself making excuses about money?
8. Have you been caught out at lying about money?
9. Have you been in trouble with the police due to your drinking?
10. Have you lost your driving licence for drinking and driving?
11. Have you been in prison?
12. Have you been physically sick after drinking?
13. Have you had diarrhoea after a drinking session?
14. Have you had pains in your stomach after a drinking session?
15. Have you had 'pins and needles' in your fingers or toes?
16. Have you had any accidents, requiring hospital treatment, after drinking?
17. Have you lost any weight?
18. Have you been neglecting yourself physically?
19. Have you failed to wash for several days at a time?
20. Have you felt depressed for more than a week?
21. Have you felt so depressed that you felt like doing away with yourself?
22. Have you given up any hobbies you previously enjoyed due to your drinking?
23. Have you found it hard to get enjoyment from your usual interests?
Marital
24. Has your spouse complained about your drinking?
25. Has your spouse tried to stop you from having a drink?
26. Has he/she refused to talk to you because you have been drinking?
27. Has he/she threatened to leave you because of your drinking?
28. Has he/she had to put you to bed after you have been drinking?
29. Have you shouted at him/her after you have been drinking?
30. Have you injured him/her after you have been drinking?
31. Have you been legally separated from your spouse?
32. Has he/she refused to have sex with you because of your drinking?
Children items
33. Have your children criticised your drinking?
34. Have you had rows with your children about your drinking?
35. Do your children tend to avoid you when you have been drinking?
36. Have your children tried to stop you from having a drink?
Work items
37. Have you found your work less interesting than you used to?
38. Have you been unable to arrive on time for work due to your drinking?
39. Have you missed a whole day at work after a drinking session?
40. Have you been less able to do your job because of your drinking?
41. Has anyone at work complained about you being late or absent?
42. Have you had any formal warnings from your employers?
43. Have you been suspended or dismissed from work?
44. Have you had any accidents at work due to your drinking?

Sources: Drummond, C 1990, The relationship between alcohol dependence and alcohol related problems in a clinical population, *Addiction*, vol. 85, no. 3, pp. 357–66.  
 Williams, BTR & Drummond, DC 1984, 'The alcohol problems questionnaire: reliability and validity', *Drug and Alcohol Dependence*, vol. 35, no. 3, pp. 239–43.

## 14. University of Rhode Island Change Assessment (URICA) scale

There are five possible responses to each of the items in the questionnaire:

1 = strongly disagree	2 = disagree	3 = undecided	4 = agree	5 = strongly agree
1.	As far as I'm concerned, I don't have any problems that need changing.			
2.	I think I might be ready for some self-improvement.			
3.	I am doing something about the problems that had been bothering me.			
4.	It might be worthwhile to work on my problem.			
5.	I'm not the problem one. It doesn't make much sense for me to be here.			
6.	It worries me that I might slip back on a problem I have already changed, so I am here to seek help.			
7.	I am finally doing some work on my problem.			
8.	I've been thinking that I might want to change something about myself.			
9.	I have been successful in working on my problem but I'm not sure I can keep up the effort on my own.			
10.	At times my problem is difficult, but I'm working on it.			
11.	Being here is pretty much a waste of time for me because the problem doesn't have to do with me.			
12.	I'm hoping this place will help me to better understand myself.			
13.	I guess I have faults, but there's nothing that I really need to change.			
14.	I am really working hard to change.			
15.	I have a problem and I really think I should work at it.			
16.	I'm not following through with what I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem.			
17.	Even though I'm not always successful in changing, I am at least working on my problem.			
18.	I thought once I had resolved my problem I would be free of it, but sometimes I still find myself struggling with it.			
19.	I wish I had more ideas on how to solve the problem.			
20.	I have started working on my problems but I would like help.			
21.	Maybe this place will be able to help me.			
22.	I may need a boost right now to help me maintain the changes I've already made.			
23.	I may be part of the problem, but I don't really think I am.			
24.	I hope that someone here will have some good advice for me.			
25.	Anyone can talk about changing; I'm actually doing something about it.			
26.	All this talk about psychology is boring. Why can't people just forget about their problems?			
27.	I'm here to prevent myself from having a relapse of my problem.			
28.	It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.			
29.	I have worries but so does the next guy. Why spend time thinking about them?			
30.	I am actively working on my problem.			
31.	I would rather cope with my faults than try to change them.			
32.	After all I had done to try to change my problem, every now and again it comes back to haunt me.			
<b>Description</b>				
The scale is designed to be a continuous measure. Thus, subjects can score high on more than one of the four stages.				
<b>Scoring</b>				
Precontemplation items	1, 5, 11, 13, 23, 26, 29, 31			
Contemplation items	2, 4, 8, 12, 15, 19, 21, 24			
Action items	3, 7, 10, 14, 17, 20, 25, 30			
Maintenance items	6, 9, 16, 18, 22, 27, 28, 32			

Source: McConaughy E, Prochaska, J & Velicer, W 1983, 'Stages of change in psychotherapy: measurement and sample profiles', *Psychotherapy: Theory, Research and Practice*, vol. 20, pp. 368-75

## 15. Clock drawing test

The numerous versions of the clock-drawing test all involve asking the patient to draw the face of a clock. Further questions from the patient may be politely deferred by repeating the request to draw the face of a clock. Most variations of the test also include asking the patient to draw the hands to denote a certain time. The time 11.10 has been suggested as useful because of the distraction of 'pull' of the numeral 10 on the clock when setting a time. Generally there is no time limit to the test, but it usually takes only one to two minutes.

### Three easy steps

1. Provide the patient with a piece of paper upon which is a pre-drawn circle of approximately 10 cm in diameter or with a blank piece of paper.
2. Ask the patient to draw a clock face and put in the numbers.
3. Ask the patient to draw the hands so the clock indicates the time '10 minutes past 11.'

Sources: Manos, PJ 1997, 'The utility of the ten-point clock test as a screen for cognitive impairment in general hospital patients', *General Hospital Psychiatry*, vol. 19, no. 6, pp. 439–44.  
Munro, CA, Saxton, J & Butters, MA 2000, 'The neuropsychological consequences of abstinence among older alcoholics: a cross-sectional study', *Alcoholism: Clinical and Experimental Research*, vol. 24, no. 10, pp. 1510–16

### Scoring system for clock drawing test

There are a number of scoring systems for this test. The Alzheimer's disease cooperative scoring system is based on a score of five points:

- 1 point for the clock circle
- 1 point for all the numbers being in the correct order
- 1 point for the numbers being in the proper special order (alignment)
- 1 point for the two hands of the clock
- 1 point for the correct time

A normal score is four or five points.

OR

Perhaps the quickest scoring technique involves dividing the clock into four quadrants and counting the numbers in the correct quadrant.

There are a number of variations on scoring the clock, more than variations in administering the test itself. Most scoring systems are highly correlated with well-established measures including the Mini-Mental State Examination, Dementia Rating Scale and the Global Deterioration Scale.

For more detail on different methods of scoring, including references, go to [http://www.neurosurvival.ca/ClinicalAssistant/scales/clock\\_drawing\\_test.htm#mendez](http://www.neurosurvival.ca/ClinicalAssistant/scales/clock_drawing_test.htm#mendez).