Clinical Guidelines for the Physical Care of Mental Health Consumers

Psychosocial Assessment

Susanne Stanley & Jonathan Laugharne

Government of Western Australia Mental Health Commission
The poor physical health of mental health consumers has long been highlighted (Lawrence, Holman & Jablensky, 2001 – Duty to Care report).

Medication effects and lifestyle are known to cause metabolic disturbances, cardiovascular disease and type 2 diabetes, and the monitoring of these and other common conditions is paramount to improving both the mental and physical health of consumers.

Based upon an extensive review of the literature and best practice guidelines, an overall Clinical Guidelines assessment package has been developed to assist in the examination and ongoing monitoring of mental health consumers’ physical health.

Five dimensions that impact upon a mental health consumer’s physical health have been identified. Each dimension has a number of components, and an evaluation tool has been either sourced or developed for each; Medication effects, Lifestyle factors, Physical conditions (pre-existing or developing), Alcohol & Illicit drug use, and Psychosocial factors.

The Clinical Guidelines for the Physical Care of Mental Health Consumers’ assessment package includes:

**Wall Chart – Metabolic Syndrome Algorithm**

This algorithm represents the basic physical health screening that must be conducted when assessing metabolic syndrome - waist circumference, blood pressure, fasting lipids, and fasting blood glucose. Designed as a wall chart, clinicians can easily access information they need to conduct required tests.

**Clinical Handbook**

The handbook outlines information specifically dealing with medications and medical investigation, along with an overview of the other major health dimensions that need to be monitored. Designed for use by psychiatrists and general practitioners, the handbook represents an easily accessible knowledge source, and all results of specific tests are to be placed on the general screening forms provided.

**Lifestyle and Psychosocial Assessment**

This booklet is a compilation of tools designed to give a deeper understanding of each consumer’s health-related behaviours and social situation – Culture / religion / spirituality, exercise, diet, smoking, oral / dental, sexual activity, alcohol and other drug use, psychosocial supports.
It is structured to be user-friendly as most people working within the health field can administer it.

**General Screening Forms**

There are three results forms. A general screening form has been provided listing the recommended tests for each medication / medication category. A second screening form outlines additional tests recommended for specific medications (e.g., lithium carbonate), and a third screening form has been provided for clozapine. These forms are to be used as a summary of each consumer’s results, are to sit in front of the consumer’s medical file, and are colour-coded to match the lifestyle and psychosocial assessment booklet.

This assessment package provides an overall evaluation of each consumer’s physical health status, with information on the general screening form covering a time span of two years. This allows for recognition of patterns occurring over time, and places relevant information on physical health in the one spot.

The Clinical Guidelines for the Physical Care of Mental Health Consumers’ package has been developed for adults. Further information on distinct populations can be found in the Clinical Guidelines for the Physical Care of Mental Health Consumers Report – people over 65 years of age, children/adolescents, Aboriginal and Torres Straight Islanders, pregnant women, people with intellectual impairments, people from culturally and linguistically diverse backgrounds.

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School of Psychiatry and Clinical Neurosciences
Fremantle Hospital, W Block, L6, 1 Alma Street, Fremantle WA 6160
Clinical guidelines for the physical care of mental health consumers. Community, Culture and Mental Health Unit, School of Psychiatry and Clinical Neurosciences, The University of Western Australia. Perth: The University of Western Australia.

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MENTAL HEALTH CONSUMERS: DIMENSIONS OF PHYSICAL HEALTH

DIMENSIONS

- Medication

COMPONENTS

- Antidepressants
- Anxiolytics
- Mood Stabilisers/Anticonvulsants
- Antipsychotics

- Physical Disorders + Allergies

COMPONENTS

- HIV/AIDS & STIs
- Hepatitis B/C
- Cancer
- IBS/Gastrointestinal Disorders
- Type 2 Diabetes
- Cardiovascular and Respiratory Disease

- Physical Health

Lifestyle

COMPONENTS

- Exercise
- Diet
- Smoking
- Dental
- Cholesterol
- Sexual Activity

- Alcohol & Illicit Drug Use

COMPONENTS

- Alcohol
- Other Drugs

- Psychosocial Supports

COMPONENTS

- Familial Relationships
- Social/Community
- SES/Employment
- Culture/Religion
1. Language spoken at home?

Does the client have a sound grasp of comprehending and speaking English or is an interpreter needed?

2. Client’s personal values of autonomy and relatedness:
When you think about relationships, what do you value most – self-reliance and independence or feeling connected and relating to others? (Please tick)

<table>
<thead>
<tr>
<th>Autonomy (Self-Reliance)</th>
<th>Both</th>
<th>Relatedness (Connection to Others)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Are you currently able to achieve this in your most important relationship? (Please tick)

<table>
<thead>
<tr>
<th>Very Much</th>
<th>Sometimes</th>
<th>Not at All</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

3. Do you follow a particular religion/faith and how does this impact on your life?

4. What is your understanding of physical health?
5. What is your understanding of mental health?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

6. What is your understanding of your particular problem?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

7. What do you think would help in treating your problem?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
# PHYSICAL ACTIVITY

Please circle the answer that is correct for you/consumer

<table>
<thead>
<tr>
<th>Question</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7+</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How many times a week do you usually do 20 minutes or more of vigorous-intensity physical activity that makes you sweat or puff and pant? (e.g. heavy lifting, digging, jogging, aerobics or fast bicycling)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2. How many times a week do you usually do 30 minutes or more of walking? (e.g. walking from place to place for exercise or recreation)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. How many times a week do you usually do 30 minutes or more of other moderate-intensity physical activity that increases your heart rate or makes you breathe harder than normal? (e.g. carrying light loads, bicycling at a regular pace or doubles tennis)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Total Scoring:**

The number circled is the score for each question. Add up the three scores to obtain a total score.

- **0-1 Low** Assess what might be preventing activity, goal setting
- **2-4 Nearly There** Assess willingness to increase activity, practical suggestions
- **5-7 Active** Healthy levels - at least 2.5hrs of moderate intensity activity per week

**NOTE:** Important to check for contraindications to moderate intensity exercise: Unstable angina, chest discomfort or shortness of breath on low intensity activity, uncontrolled heart failure, severe aortic stenosis, uncontrolled hypertension, acute infection or fever, resting tachycardia (>100 beats per minute), recent complicated acute myocardial infarction (< 3 months), uncontrolled diabetes.

Adapted from Lifescripts – Department of Health & Ageing (2008)

**Action:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
WEIGHT AND BODY MASS INDEX

BMI classification

Body Mass Index (BMI) is a simple index of weight-for-height that is commonly used to classify underweight, overweight and obesity in adults. It is defined as the weight in kilograms divided by the square of the height in metres (kg/m²).

For example, an adult who weighs 70kg and whose height is 1.75m will have a BMI of 22.9.

Work out and write down the consumer’s BMI.

e.g. BMI = 70 kg / (1.75 m²) = 70 / 3.0625 = 22.9

Table 1: The International Classification of adult underweight, overweight and obesity according to BMI

<table>
<thead>
<tr>
<th>Classification</th>
<th>BMI (kg/m²)</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe thinness</td>
<td>&lt;16.00</td>
<td>Refer to Dietician - High Risk</td>
</tr>
<tr>
<td>Moderate thinness</td>
<td>16.00 - 16.99</td>
<td></td>
</tr>
<tr>
<td>Mild thinness</td>
<td>17.00 - 18.49</td>
<td>Note to watch weight</td>
</tr>
<tr>
<td>Underweight</td>
<td>&lt;18.50</td>
<td></td>
</tr>
<tr>
<td>Normal range</td>
<td>18.50 - 24.99</td>
<td>Normal</td>
</tr>
<tr>
<td>Overweight</td>
<td>≥25.00</td>
<td>Note to watch weight or refer to Dietician</td>
</tr>
<tr>
<td>Pre-obese</td>
<td>25.00 - 29.99</td>
<td></td>
</tr>
<tr>
<td>Obese</td>
<td>≥30.00</td>
<td>Refer to Dietician - High Risk</td>
</tr>
<tr>
<td>Obese class I</td>
<td>30.00 - 34.99</td>
<td></td>
</tr>
<tr>
<td>Obese class II</td>
<td>35.00 - 39.99</td>
<td>Refer to Dietician - High Risk</td>
</tr>
<tr>
<td>Obese class III</td>
<td>≥40.00</td>
<td></td>
</tr>
</tbody>
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Adapted from World Health Organisation (2004).
ABDOMINAL Girth

Increased abdominal fat is associated with an increased risk for type 2 diabetes, hypertension, cardiovascular disease, and dyslipidemia. Waist circumference can be useful for people who fall into the ‘normal’ range of the BMI index, but who may carry excess weight around their waist.

To determine a person’s abdominal girth measurement:

- Measure directly against the skin.
- Tell the person to breathe out normally.
- Make sure the tape is snug, without compressing the skin.
- Measure halfway between the lowest rib and the top of the hipbone, roughly in line with the belly button.

| <94cm (male) | <80cm (female) | Europid | Repeat monitoring - 3 monthly |
| <90cm (male) | <80cm (female) | Asian | Review medication |
| ≥94cm (male) | ≥80cm (female) | Europid | Treat / advise weight problem / consider referral to physiotherapy or group programme (Healthy Lifestyle groups) |
| ≥90cm (male) | ≥80cm (female) | Asian | |

Write down the consumer’s Abdominal Girth measurement


NUTRITION / DIET

Use BMI Classification and Waist Circumference to decide whether the consumer needs to be referred to a dietician or receive a healthy eating guide.

Action:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
1. Does the consumer have natural teeth? □ Yes □ No

2. Does the consumer have dentures? □ Yes □ No □ Upper □ Lower
   If yes, are dentures labelled □ Yes □ No □ Don’t Know
   If yes, how old are dentures? □ Yes □ No □ Don’t Know

3. Does the consumer have any problems? □ Yes □ No □ Don’t Know
   e.g. pain, difficulty eating, decayed teeth, denture problems, dry mouth, ulcers, halitosis, other etc.
   □ Teeth □ Gums □ Denture □ Other

4. Has the consumer ever smoked? □ Yes □ No □ Don’t Know

5. Is the consumer on medication with oral side-effects? □ Yes □ No □ Don’t Know

6. Does the consumer need urgent dental treatment? □ Yes □ No □ Don’t Know

7. When did the consumer last see a dentist? □ < 1 yr □ > 1 yr □ Don’t Know

8. Is the consumer registered with a dentist? □ < 1 yr □ > 1 yr □ Don’t Know
   If yes, record name and address of dentist:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

Adapted from Griffiths et al. (2000) - Oral health care for people with mental health problems: Guidelines and recommendations.

Action:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Clinical Guidelines for the Physical Care of Mental Health Consumers
1. Do you smoke?
   - Yes
   - No, but I used to smoke  
     - When did you quit?  
     - Month  
     - Year
   - No, never smoked

2. When you wake up each day, how soon do you smoke your first cigarette?
   - Tick one box
   - More than 60 minutes
   - 31-60 minutes
   - 5-30 minutes
   - Less than 5 minutes
   - Score

3. How many cigarettes do you smoke on a typical day?
   - 10 or less
   - 11-20
   - 21-30
   - More than 30
   - Score

4. How keen are you to stop smoking?
   - Tick the number that best matches your current attitude, from 0 (not at all keen) to 7 (keen)
   - 0 1 2 3 4 5 6 7
   - Score

5. If you decided to stop smoking right now, how confident of success would you be?
   - Tick the number that best matches your current attitude, from 0 (not confident) to 7 (very confident)
   - 0 1 2 3 4 5 6 7
   - Score

SMOKING - SCORING

Questions 2-3 (combined score). Probability of nicotine addiction or dependence

0–3  Very low or low – advise good chance of success if attempt to quit. Assess psychological dependence.

4–6  Moderate to very high – recommend Nicotine Replacement Therapy (if considering nicotine patches ask about the nicotine strength of the cigarettes the consumer smokes), or see clinician for prescription of bupropion / varenicline (care must be taken as these drugs are linked to depression / suicide).
Question 4. Interest in quitting

0–3 Ask: What would need to happen to make you more keen to quit – say, to make you give an answer of 6 or 7 instead of 3?
   Help consumer explore costs and benefits of smoking, offer help if wants to quit in future, recheck interest in quitting at next appointment.
   Give Quit book.

4–7 Ask: Why do you want to quit?
   Why did you choose 6 or 7 and not 2 or 3?
   Confirm consumer’s interest in quitting, find out when plans to quit, set quit date.
   Offer options for smoking cessation.
   Give Quit book.

Question 5. Confidence in quitting

0–3 Ask: What would be the hardest thing about quitting?
   What made it difficult to quit last time you tried?
   What would need to happen to increase your confidence to 6 or 7?
   Explore and tackle barriers (e.g. withdrawal, stress reduction, weight control).
   May need more intensive help and encouragement.
   Identify support e.g. partner.
   Refer to Quitline

4–7 Encourage and warn about setbacks and how to cope with them.
   Advise about programs and services that help others quit.
   Refer to Quitline.


Adapted from Lifescripts: Advice for Healthy Living (2008)

Action:
# Sexual Activity Survey

## Sexual Behaviour

1. Are you currently sexually active? [ ] Yes [ ] No
2. Do you have a spouse or partner? [ ] Yes [ ] No
3. In the past 12 months, how many people have you had sex with? ____________
4. Do you have sex with: [ ] Males [ ] Females [ ] Both

## Sexual Difficulties

How much of a problem was each of the following over the past four weeks:

5. Lack of sexual interest? [ ] None [ ] S/time [ ] Often [ ] Always
6. Difficulty in becoming sexually aroused? [ ] None [ ] S/time [ ] Often [ ] Always
7. Difficulty in having/maintaining an erection? [ ] None [ ] S/time [ ] Often [ ] Always [ ] N/A
8. Difficulty in having an orgasm? [ ] None [ ] S/time [ ] Often [ ] Always

## Contraception / HIV and STI's

9. Are you currently using some form of contraception? [ ] Yes [ ] No
   If yes, please indicate which type: ____________________________
   If taking the pill, when was the last time you took it? ____________
10. The last time you had sex did you or your partner use contraception? [ ] Yes [ ] No
11. Have you ever had a Sexually Transmitted Infection (STI)?
    e.g. Chlamydia, Gonorrhoea (also called clap or GC), Syphilis, Genital Herpes, Warts (HPV), Hepatitis B or C, HIV/AIDS.
    If yes, which infection? ____________________________
    How long ago? ________
12. When was the last time you were tested for:
    HIV/AIDS ________
    Hepatitis C ________
    Hepatitis B ________
    STIs ________
13. When was the last time you had a pap smear? ________
## AUDIT - ALCOHOL USE DISORDERS IDENTIFICATION TEST SCREENING INSTRUMENT

Please tick the answer that is correct for you:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>How often do you have a drink containing alcohol?</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Never □ ≤ Monthly □ 2-4 times/mth □ 2-3 times/wk □ 4+ times/wk</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td><strong>How many drinks containing alcohol do you have on a typical day when you are drinking?</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ 1 to 2 □ 3 to 4 □ 5 to 6 □ 7 to 9 □ 10 or more</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td><strong>How often do you have six or more drinks on one occasion?</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Never □ ≤ Monthly □ Monthly □ Weekly □ Daily/almost daily</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td><strong>How often during the last year have you found that you were not able to stop drinking once you had started?</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Never □ ≤ Monthly □ Monthly □ Weekly □ Daily/almost daily</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td><strong>How often during the last year have you failed to do what was normally expected from you because of drinking?</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Never □ ≤ Monthly □ Monthly □ Weekly □ Daily/almost daily</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td><strong>How often during the last year have you needed a drink in the morning to get going after a heavy drinking session?</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Never □ ≤ Monthly □ Monthly □ Weekly □ Daily/almost daily</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td><strong>How often during the last year have you had a feeling of guilt or remorse after drinking?</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Never □ ≤ Monthly □ Monthly □ Weekly □ Daily/almost daily</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td><strong>How often during the last year have you been unable to remember what happened the night before because you had been drinking?</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Never □ ≤ Monthly □ Monthly □ Weekly □ Daily/almost daily</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td><strong>Have you or someone else been injured as a result of your drinking?</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Never □ ≤ Monthly □ Monthly □ Weekly □ Daily/almost daily</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td><strong>Has a relative or friend or a doctor or other health worker, been concerned about your drinking or suggested you cut down?</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Never □ Yes, but not in the last year □ Yes, during the last year</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL

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Babor, de la Fuente, Saunders, & Grant (1992).
SCORING THE AUDIT

The AUDIT is designed as a self-report measure that you can score and interpret yourself. Alternatively, it can also be administered by an assessor.

Questions 1-9:

Never 0
Less than monthly 1
Monthly 2
Weekly 3
Daily / almost daily 4

For question 10:

No 0
Yes, but not in the last year 2
Yes, during the last year 4

Now add the score for each question to give a grand total for the AUDIT questionnaire.

Interpretation

If your total score is less than 4:

It is unlikely that you have a problem with alcohol, provided that you have been completely honest and that your answers represent your "normal" consumption behaviour.

If your score is between 4 and 8 and you are under 18 years old or female:

This test suggests that your drinking patterns may be hazardous or harmful. That is your drinking may be currently causing you some problems, or may cause you problems in the future should you continue to drink in this way. If you are in this category you should seek the advice of a doctor or alcohol specialist.

If you are male and scored 8 or more:

This suggests that your drinking may be hazardous or harmful. If you are in this category you should seek the advice of a doctor or alcohol specialist.

If you scored 13 or above:

This suggests that your drinking shows signs of dependency. If you are in this category you should seek the advice of a doctor or alcohol specialist as a matter of urgency.

You should also complete the SADQ-C questionnaire on the next page and take both the completed AUDIT and SADQ-C to your doctor.

These tools will help your doctor with any diagnosis and/or treatment planning.
SADQ-C – SEVERITY OF ALCOHOL DEPENDENCE QUESTIONNAIRE

Please answer all the following questions by ticking the most appropriate response:

1. The day after drinking alcohol, I woke up feeling sweaty.
   - [ ] Never / almost never  [ ] Sometimes  [ ] Often  [ ] Nearly always

2. The day after drinking alcohol, my hands shook first thing in the morning.
   - [ ] Never / almost never  [ ] Sometimes  [ ] Often  [ ] Nearly always

3. The day after drinking alcohol, I woke up absolutely drenched in sweat.
   - [ ] Never / almost never  [ ] Sometimes  [ ] Often  [ ] Nearly always

4. The day after drinking alcohol, I shook violently first thing in the morning if I don’t have a drink.
   - [ ] Never / almost never  [ ] Sometimes  [ ] Often  [ ] Nearly always

5. The day after drinking alcohol, I dread waking up in the morning.
   - [ ] Never / almost never  [ ] Sometimes  [ ] Often  [ ] Nearly always

6. The day after drinking alcohol, I was frightened of meeting people first thing in the morning.
   - [ ] Never / almost never  [ ] Sometimes  [ ] Often  [ ] Nearly always

7. The day after drinking alcohol, I felt at the edge of despair when I awoke.
   - [ ] Never / almost never  [ ] Sometimes  [ ] Often  [ ] Nearly always

8. The day after drinking alcohol, I felt very frightened when I awoke.
   - [ ] Never / almost never  [ ] Sometimes  [ ] Often  [ ] Nearly always

9. The day after drinking alcohol, I liked to have a morning drink.
   - [ ] Never / almost never  [ ] Sometimes  [ ] Often  [ ] Nearly always

10. The day after drinking alcohol, in the morning, I always gulped down my first few alcoholic drinks as quickly as possible.
    - [ ] Never / 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 / almost never
- Sometimes
- Often
- Nearly always

12. The day after drinking alcohol, I had a very strong craving for an alcoholic drink when I awoke.

- Never / almost never
- Sometimes
- Often
- Nearly always

13. I drank more than a quarter of a bottle of spirits in a day (or one bottle of wine, or seven beers)

- Never / almost never
- Sometimes
- Often
- Nearly always

14. I drank more than half a bottle of spirits in a day (or two bottles of wine, or 15 beers)

- Never / almost never
- Sometimes
- Often
- Nearly always

15. I drank more than one bottle of spirits in a day (or four bottles of wine, or 30 beers)

- Never / almost never
- Sometimes
- Often
- Nearly always

16. I drank more than two bottles of spirits in a day (or eight bottles of wine, or 30 beers)

- Never / almost never
- Sometimes
- Often
- Nearly always

Imagine the following situation:

You have hardly drunk any alcohol for a few weeks. 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

SCORING THE SADQ-C:
The SADQ-C does not require specialised training and takes between 5-10 minutes to complete.

All items of the SADQ are all scored as follows:
0 = never or almost never
1 = sometimes
2 = often
3 = nearly always

Now add your scores for all the questions to give a total score for the SADQ-C.

INTERPRETING THE SADQ-C SCORES:
The SADQ-C questions cover the following aspects of dependency syndrome:
• physical withdrawal symptoms
• affective withdrawal symptoms
• relief drinking
• frequency of alcohol consumption
• speed of onset of withdrawal symptoms

<table>
<thead>
<tr>
<th>Score</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 16</td>
<td>Mild dependence</td>
</tr>
<tr>
<td>16 – 30</td>
<td>Moderate dependence</td>
</tr>
<tr>
<td>≥ 31</td>
<td>Severe alcohol dependence</td>
</tr>
</tbody>
</table>
Action:
DAST – DRUG ABUSE SCREENING TEST

The following questions concern information about your possible involvement with drugs not including alcoholic beverages during the past 12 months. Carefully read each statement and decide if your answer is ‘Yes’ or ‘No’. Then, tick the appropriate response beside the question.

In the statements ‘drug abuse’ refers to (1) the use of prescribed or over the counter drugs in excess of the directions and (2) any non-medical use of drugs.

The various classes of drugs may include: cannabis (e.g. marijuana, hash), solvents, tranquillisers (e.g. Valium), barbiturates, cocaine, stimulants (e.g. speed), hallucinogens (e.g. LSD), or narcotics (e.g. heroin). Remember that the questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

These questions refer to the past 12 months.

1. Have you used drugs other than those required for medical reasons? □ Yes □ No
2. Do you abuse more than one drug at a time? □ Yes □ No
3. Are you always able to stop using drugs when you want to? □ Yes □ No
4. Have you had ‘blackouts’ or ‘flashbacks’ as a result of drug use? □ Yes □ No
5. Do you ever feel bad or guilty about your drug use? □ Yes □ No
6. Does your spouse (or parents) ever complain about your involvement with drugs? □ Yes □ No
7. Have you neglected your family because of your use of drugs? □ Yes □ No
8. Have you engaged in illegal activities in order to obtain drugs? □ Yes □ No
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? □ Yes □ No
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)? □ Yes □ No

TOTAL □

Skinner (1982)
**SCORING THE DAST-10:**
The DAST total score is computed by summing all items.

Yes = 1  
No = 0  

Items 4 and 5 are reverse scored:

Yes = 0  
No = 1  

**Interpretation:**

<table>
<thead>
<tr>
<th>SCORE</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Monitor</td>
</tr>
<tr>
<td>Low</td>
<td>Brief counselling</td>
</tr>
<tr>
<td>Intermediate (likely meets DSM criteria)</td>
<td>Outpatient (Intensive)</td>
</tr>
<tr>
<td>Substantial</td>
<td>Intensive</td>
</tr>
<tr>
<td>Severe</td>
<td>Intensive</td>
</tr>
</tbody>
</table>

A low score doesn’t necessarily mean that the consumer is free of drug related problems. One must consider the length of time the consumer has been using drugs, the consumer’s age, level of consumption and other data collected in the assessment in order to interpret the DAST score.

**Drugs identified:**

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

**Action:**

________________________________________________________________________________
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**SDS - SEVERITY OF DEPENDENCE SCALES**

This questionnaire will assist your GP to identify ways of meeting your needs about a drug which may be causing some concern.

Tick the answer that best applies to how you have felt about your use of ______________________________ over the last twelve months.

1. **Did you ever think your use of ______________________________ (drug) was out of control?**
   - Never/almost never (0)
   - Sometimes (1)
   - Often (2)
   - Always (3)

2. **Did the prospect of missing a shot/snort make you very anxious or worried?**
   - Never/almost never (0)
   - Sometimes (1)
   - Often (2)
   - Always (3)

3. **How much did you worry about your use of the drug?**
   - Never/almost never (0)
   - Sometimes (1)
   - Often (2)
   - Always (3)

4. **Did you wish you could stop?**
   - Never/almost never (0)
   - Sometimes (1)
   - Often (2)
   - Always (3)

5. **How difficult would you find it to stop or go without ______________________________ (drug)?**
   - Never/almost never (0)
   - Sometimes (1)
   - Often (2)
   - Always (3)

**TOTAL**


**Scoring and Interpretation:**

Sum all individual scores to obtain a total score. Below are the cut-offs for measuring dependence on various illicit drugs.

<table>
<thead>
<tr>
<th></th>
<th>&gt; 4</th>
<th>&gt; 5</th>
<th>&gt; 6</th>
<th>&gt; 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamines</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cannabis &amp; Benzodiazepines</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
READYNESS AND CONFIDENCE TO CHANGE SCALES

The scores obtained from the questions below may be incorporated into the overall history, and may provide some indication of the patient’s willingness and confidence to change.

Readiness to Change

1. Do you want to change your use of ______________________________ (drug) right now?
   - No (0)
   - Probably not (1)
   - Unsure (2)
   - Possibly (3)
   - Definitely (4)

Confidence to Change

1. Do you think you could change your use of ______________________________ (drug) now if you wanted to?
   - No (0)
   - Probably not (1)
   - Unsure (2)
   - Probably (3)
   - Definitely (4)

Action:
Social supports may need to be investigated and support structures implemented if they are absent or not available when the person needs them.

**Emotional support**
Empathy and care from family and friends for a person in crisis allows for the expression of feelings e.g. fear, anxiety, emotional distress.

**Cognitive support**
Knowledge and information, and developing coping skills assists with decision making and personal direction.

**Material support**
Rent assistance and hostel accommodation assists people experiencing a deficiency in personal resources e.g. housing and homelessness.

Figure 1. Types and timing of supports in stressful situations (adapted from Jacobson, 1986, p.254).
PSYCHOSOCIAL SUPPORTS SURVEY

Think of all the people that you know and interact with when answering these questions

How often do you have:

**Emotional Supports: (1 = none of the time, 5 = all of the time)**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1. Someone you can confide in or talk to about yourself or your problems?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Someone who shows you love and affection?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Someone to do something active and enjoy yourself with?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Someone to relax with?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. In times of stress do you have someone to turn to?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</table>

**Action:**

________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________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### Cognitive Supports: (1 = none of the time, 5 = all of the time)

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Someone to give you information to help you understand a situation?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7. Someone to turn to for suggestions about how to deal with problems?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>8. Someone to help you to develop new coping skills?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>9. Someone you can relate to who has had similar problems?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>10. In times of confusion do you have someone to turn to?</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

**Total Action:** 26
**Material Supports:** (1 = none of the time, 5 = all of the time)

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Someone to assist you if you have difficulty with daily household chores and activities?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Someone to assist you to find the services you may need (e.g. doctor, employment, etc.)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Someone to assist you financially if you need it?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Somewhere to go to meet others socially?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. In times of scarce resources do you have someone to turn to?</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**TOTAL**


**Action:**

________________________________________________________________________

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________________________________________________________________________
SCORING:

Each of the three domains should be evaluated separately:

<table>
<thead>
<tr>
<th>Score</th>
<th>Support Level</th>
<th>Action Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 - 9</td>
<td>Very low</td>
<td>Support structures need to be implemented</td>
</tr>
<tr>
<td>10 - 14</td>
<td>Low</td>
<td>Support structures need to be implemented</td>
</tr>
<tr>
<td>15 - 19</td>
<td>Medium</td>
<td>Ongoing monitoring</td>
</tr>
<tr>
<td>20 +</td>
<td>High</td>
<td>Ongoing monitoring</td>
</tr>
</tbody>
</table>

Questions 5, 10 and 15 indicate the timing of each of the domains of social supports:

Providing support

Do you currently provide emotional/cognitive/material support for someone (e.g. children, family members, friends)?

Employment Status:

- [ ] Full-time
- [ ] Part-time
- [ ] Casual
- [ ] Volunteer
- [ ] Unemployed