

REPUBLIC OF KENYA



MINISTRY OF HEALTH

ALCOHOL ABUSE SCREENING TOOL

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Name of County: _____ Name of Sub-County: _____ Ward: _____

Implementing Partner (CSO): _____ Facility/DIC Name: _____

Date (DD/MM/YYYY): _____/_____/_____ MFL Code: _____

General Information	
KP Name	
Sex	1=Male, 2=Female
Date of Birth (DD/MM/YYYY)	Age (Years)
KP Type	1=FSW, 2=MSM, 3=MSW, 4=PWID, 5=PWUD, 6=TG MAN, 7=TG WOMAN
KP Hotspot/ Injecting site	
Contact phone number /Alternate.....
KP Unique Identifier Code	

The alcohol use Disorders Identification test (audit)

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

One unit of alcohol is ½ a pint average strength beer/lager or one glass of wine or a single measure of spirits. Note: A can of high strength beer or lager may contain 3-4 units.

#	Question	Answer	Number (0-4)
1	How often do you have a drink containing alcohol?	(0) Never [Skip to Q 11] (1) Monthly or less (2) 2 to 4 times a month (3) 2 to 3 times a week (4) 4 or more times a week	
2	How many drinks containing alcohol do you have on a typical day when you are drinking?	(0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7, 8 or 9 (4) 10 or more	
3	How often do you have six or more drinks on one occasion? Skip to Q 9 and 10 if total Score for 2 and 3 = 0	(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily	

4	How often during the last year have you found that you were not able to stop drinking once you had started?	(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily	
5	How often during the last year have you failed to do what was normally expected from you because of drinking?	(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily	
6	How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily	
7	How often during the last year have you had a feeling of guilt or remorse after drinking?	(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily	
8	How often during the last year have you been unable to remember what happened the night before because you had been drinking?	(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily	
9	Have you or someone else been injured as a result of your drinking?	(0) No (2) Yes, but not in the last year (4) Yes, during the last year	
10	Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?	(0) No (2) Yes, but not in the last year (4) Yes, during the last year	
11	Record total of specific items here If total over 8, alcohol use disorder likely. Please refer to alcohol disorder treatment programs.		

Remarks
