

# Aud Cont Screening Survey

Subject ID \_\_\_\_\_

Form Completion Date \_\_\_\_\_  
(Initial Data Form Completion Date)

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## Medical History - Denver CARES (AUD) or Telephone (Control) Venues

1. Age \_\_\_\_\_

2. Gender at Birth  Male  
 Female  
 Not Reported

3. Do you have a history of:

3a. Heart disease (coronary artery disease)  Yes  
 No

3b. Asthma  Yes  
 No

3c. Pulmonary fibrosis  Yes  
 No

3d. Pulmonary hypertension  Yes  
 No

3e. Kidney problems  Yes  
 No

3f. Diabetes  Yes  
 No

3g. Cirrhosis of the liver, ascites, variceal bleeding  Yes  
 No

3h. Hepatitis B or C  Yes  
 No

3i. HIV positivity  Yes  
 No

3j. COPD/Emphysema  Yes  
 No

3k. Hypertension  Yes  
 No

3l. cocaine, heroin, or methamphetamine use, and  
mount in the past 2 weeks  Yes  
 No

4. What types of medications are you taking?

- None
- blood thinners or aspirin
- blood pressure medications
- seizure medications
- antibiotics
- inhalers
- HIV meds
- psychiatric meds
- don't know
- refused
- other category
- 

4a. Date of first dose

\_\_\_\_\_

4b. Date of last dose

\_\_\_\_\_

Please specify type of medication

\_\_\_\_\_

5. Do you have any allergies to medications?

- Yes
- No

5a. Please specify drug name:

\_\_\_\_\_

5b. Type of allergic reaction

- Anaphylaxis
- Hives/Rash
- Nausea/Vomiting/Diarrhea
- Other

5c. Please specify reaction

\_\_\_\_\_

5d. Are you allergic to any additional medications?

- Yes
- No

5e. Please specify drug name:

\_\_\_\_\_

5f. Type of allergic reaction

- Anaphylaxis
- Hives/Rash
- Nausea/Vomiting/Diarrhea
- Other

5g. Please specify reaction

\_\_\_\_\_

5h. Are you allergic to any additional medications?

- Yes
- No

5i. Please specify drug name:

\_\_\_\_\_

5j. Type of allergic reaction

- Anaphylaxis
- Hives/Rash
- Nausea/Vomiting/Diarrhea
- Other

5k. Please specify reaction

\_\_\_\_\_

### Alcohol Questions

6a. Alcohol consumption in past 7 days prior to admission?

- Yes
- No

Date of last drink

\_\_\_\_\_

6b. Age first started drinking alcohol

\_\_\_\_\_

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**AUDIT**

7a. How often do you have a drink containing alcohol?

- Never
- monthly or less
- 2 to 4 times a month
- 2 to 3 times a week
- 4 or more times a week

7b. How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 to 2
- 3 to 4
- 5 to 6
- 7 to 9
- 10 or more

7c. How often do you have six or more drinks on one occasion?

- Never
- less than monthly
- monthly
- weekly
- daily or almost daily

7d. How often during the last year have you found that you were not able to stop drinking once you had started?

- Never
- less than monthly
- monthly
- weekly
- daily or almost daily

7e. How often during the last year have you failed to do what was normally expected from you because of drinking?

- Never
- less than monthly
- monthly
- weekly
- daily or almost daily

7f. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- Never
- less than monthly
- monthly
- weekly
- daily or almost daily

7g. How often during the last year have you had a feeling of guilt or remorse after drinking?

- Never
- less than monthly
- monthly
- weekly
- daily or almost daily

7h. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- Never
- less than monthly
- monthly
- weekly
- daily or almost daily

7i. Have you or someone been injured as a result of your drinking?

- No
- Yes but not in the last year
- Yes during the last year

7j. Has a relative or friend or a doctor or other health worker been concerned about your drinking, or suggested you cut down?

- No
- Yes but not in the last year
- Yes during the last year

AUDIT Total Score \_\_\_\_\_

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### Smoking History

8. Do you presently smoke cigarettes?

- Yes
- No

8a. How many packs per day do you smoke?

\_\_\_\_\_

8b. How many years have you smoked for?

\_\_\_\_\_

9. Have you ever smoked cigarettes?

- Yes
- No

9a. How many packs did you smoke per day?

\_\_\_\_\_

9b. How many years did you smoke for?

\_\_\_\_\_

9c. How many years ago did you stop smoking?

\_\_\_\_\_