# Aud Cont Screening Survey

**Subject ID**

**Form Completion Date**

(Initial Data Form Completion Date)

## 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:
   - Heart disease (coronary artery disease)
     - Yes
     - No
   - Asthma
     - Yes
     - No
   - Pulmonary fibrosis
     - Yes
     - No
   - Pulmonary hypertension
     - Yes
     - No
   - Kidney problems
     - Yes
     - No
   - Diabetes
     - Yes
     - No
   - Cirrhosis of the liver, ascites, variceal bleeding
     - Yes
     - No
   - Hepatitis B or C
     - Yes
     - No
   - HIV positivity
     - Yes
     - No
   - COPD/Emphysema
     - Yes
     - No
   - Hypertension
     - Yes
     - No
   - cocaine, heroin, or methamphetamine use, and
     - 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

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**Alcohol Questions**

6a. Alcohol consumption in past 7 days prior to admission?
   - Yes
   - No

Date of last drink

6b. Age first started drinking alcohol
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
**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?  