
Alcohol Use Disorder: Tips for the Initial Assessment

Introduction

This fact sheet suggests a typical flow of questions during a conversational initial assessment of a patient's alcohol use. While many of these questions can be used to establish a DSM-5 alcohol use disorder diagnosis, they are not explicitly tied to the DSM-5 criteria. To conduct a more formal interview based on the DSM-5, see "How to Ask DSM-5 Focused Questions in Alcohol Use Disorder."

Initial Questions

Start with a nonthreatening question like, "Do you have a drink now and then?"

If the patient's response is, "I don't drink," it's possible they are part of the 15%–20% of people who do not drink. If so, follow up by determining the reason for not drinking (often it's due to a bad family experience with alcohol). Sometimes this response doesn't mean that the patient never drinks, but simply indicates that they don't drink often.

"How often do you typically drink?" You can also include a gentle assumption in this question, such as, "How often do you drink—daily? A few times a week?"

Assessing Consumption and Withdrawal Risk

"How much have you been drinking in the last two to four weeks? Has your drinking gone up or down recently?" Patients who have been drinking consistently and heavily for four weeks or more are at higher risk of alcohol withdrawal symptoms.

"What has been your longest period of abstinence? Have you been able to go for several days without a drink in the last six or 12 months?"

"Have you been through alcohol withdrawal before?" This question helps you to assess the chances that the patient will go into withdrawal in the future. If the patient doesn't know what withdrawal means, use specific phrasing such as, "If you go without a drink for a day or two, do you get shaky or sweaty?"

Assessing Consequences of Drinking

"Have bad things happened to you as a result of drinking? Have you experienced any legal consequences, like a DUI? Have you had any relationship problems because of drinking? Have you lost any jobs?"

In our experience, patients don't always realize the negative consequences of their drinking. For example, a patient's alcohol use may have led to a divorce, but unless the ex-spouse made the reason for the split clear, the patient might not be aware of it. Other examples of consequences that may not be so obvious include:

- Not speaking to one's children for a prolonged period, perhaps because when the parent is drunk, the kids don't enjoy the interaction
- Not being allowed to see grandchildren (or nieces or nephews) because the parents of the children don't want to risk that the patient will be drinking then
- Changing jobs frequently, possibly as a result of poor performance caused by frequent hangovers
- Having a friend group consisting solely of drinking buddies

Assessing History of Treatment

"Have you done anything to try to quit drinking? Have you gone to AA meetings? Have you taken any meds like naltrexone, disulfiram (Antabuse), or acamprosate? Have you had counseling sessions?"

"Have you ever been in the hospital for drinking problems, like in a detox unit? Have you been to rehab? Have you lived in a sober (halfway) house?"

"What was the most effective thing you've done to quit drinking?"

Single Screening Question

Validated screening questions are less useful in psychiatric practices since we have more time to spend discussing things with patients, but they are useful for busy primary care practices.

"How many times in the past year have you had X or more drinks on one occasion?" (where X = 5 for men and 4 for women). Once in the past year is considered positive and requires further assessment of drinking.