



## Brief Psychosocial Clinical Assessment Tool

### Alcohol Use: AUDIT-C

Answer in terms of 'standard drinks'  
 e.g. 100ml sparkling or still wine, 425ml (schooner) of light beer, 285ml (middy) regular beer and 30ml (nip) spirits.



100ml of @12% alcohol content **wine**



375ml of @2.7% alcohol (light) **beer**



375ml of @4.9% alcohol (heavy) **beer**



30ml of @40% alcohol **spirit**

|  | Never          | Monthly or less          | 2-4 times a month | 2-3 times a week | 4 or more times a week       |
|--|----------------|--------------------------|-------------------|------------------|------------------------------|
| How often do you have a drink containing alcohol?                              | 0              | 1                        | 2                 | 3                | 4                            |
|  | <b>1 or 2</b>  | <b>3 or 4</b>            | <b>5 or 6</b>     | <b>7 or 9</b>    | <b>10 or more</b>            |
| How many 'standard drinks' do you have on a typical day when you are drinking? | 0              | 1                        | 2                 | 3                | 4                            |
|  | <b>Never</b>   | <b>Less than monthly</b> | <b>Monthly</b>    | <b>Weekly</b>    | <b>Daily or almost daily</b> |
| How often do you have six or more 'standard drinks' on one occasion?           | 0              | 1                        | 2                 | 3                | 4                            |
|  | <b>Total =</b> |                          |                   |                  | <b>/12</b>                   |

### Illicit Drug Use: MINI Screen

In the past 12 months, did you take any of these drugs more than once, to get high, to feel better, or to change your mood? **YES/NO**

|                      |   |
|----------------------|---|
| <b>Stimulants</b>    | Amphetamines, 'speed', crystal meth, 'crack', Dexedrine, Ritalin, diet pills  |
| <b>Cocaine</b>       | Snorting, IV, freebase, crack, 'speedball'  |
| <b>Narcotics</b>     | Heroin, morphine, Dilaudid, opium, Demerol, methadone, codeine, Percodan, Darvon, OxyContin   |
| <b>Hallucinogens</b> | LSD - 'acid', mescaline, peyote, PCP ('angel dust', 'peace pill'), psilocybin, STP, 'mushrooms', 'ecstasy', MDA, or MDMA, ketamine or "special k" |
| <b>Inhalants</b>     | 'Glue', ethyl chloride - 'rush', nitrous oxide - 'laughing gas', amyl or butyl nitrate, "poppers"   |
| <b>Marijuana</b>     | Hashish - 'hash', THC - 'pot', 'grass', 'weed', 'reefer'  |
| <b>Tranquilisers</b> | Quaalude, Seconal (reds), Valium, Xanax, Librium, Ativan, Dalmane, Halcion,   |

### Depression: PHQ-2

Over the last 2 weeks, how often have you been bothered by any of the following problems?

|   | Not at all | Several Days | More than half the days | Nearly every day |
|---|------------|--------------|-------------------------|------------------|
| Little interest or pleasure in doing things | 0          | 1            | 2                       | 3                |
| Feeling down, depressed, or hopeless        | 0          | 1            | 2                       | 3                |

### Pain: Pain Basic Data Set (Short Form)

Have you had any pain during the last seven days including today?

**NO Stop**    **YES Continue to ask**

|  | From Nil interference |   |   |   | To Extreme interference |   |   |  |
|--|-----------------------|---|---|---|-------------------------|---|---|--|
| In general, how much has pain interfered with your day-to-day activities in the last week? | 0                     | 1 | 2 | 3 | 4                       | 5 | 6 |  |
| In general, how much has your pain interfered with your overall mood in the past week?     | 0                     | 1 | 2 | 3 | 4                       | 5 | 6 |  |
| In general, how much has pain interfered with your ability to get a good night's sleep?    | 0                     | 1 | 2 | 3 | 4                       | 5 | 6 |  |

## PTSD: Primary Care PTSD Screen

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

|   | Yes | No |
|---|-----|----|
| Have had nightmares about it or thought about it when you did not want to?                            | 1   | 0  |
| Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? | 1   | 0  |
| Were constantly on guard, watchful, or easily startled?   | 1   | 0  |
| Felt numb or detached from others, activities, or your surroundings?                                  | 1   | 0  |

## Psychotic Disorders: MINI Screen

|  | Yes | No |
|--|-----|----|
| Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you?  | 1   | 0  |
| Have you ever believed that someone was reading your mind or could hear your thoughts or that you could actually read someone's mind or hear what another person was thinking? | 1   | 0  |

## Generalized Anxiety Disorder (GAD) Scale

Over the last 2 weeks, how often have you been bothered by any of the following problems?

|   | Not at all | Several Days | More than half the days | Nearly every day |
|---|------------|--------------|-------------------------|------------------|
| Feeling nervous, anxious, or on edge?       | 0          | 1            | 2                       | 3                |
| Not being able to stop or control worrying? | 0          | 1            | 2                       | 3                |

## Final Assessment

Please note if you are **unsure** of a presentation or **not confident** with your assessment follow this up with a **mental health care professional** assessment.

| Psychosocial Category | Score      | AT RISK ALERT<br>Any SCORE ≥ should be investigated further by the appropriate MENTAL HEALTH CARE PROFESSIONAL (e.g. D&A, psychology, Psychiatry) or GP |
|-----------------------|------------|---|
| Alcohol Use           |            | ≥ 6 indicates an increased risk of harm   |
| Illicit Drug Use      |            | ≥ 1 indicates need for further investigation → D&A referral required  |
| Depression: PHQ-2     |            | ≥ 3 indicates increased risk of depression → MHCP referral required   |
| Pain Basic Data Set   |            | ≥ 2 is significant & indicates need for further investigation by pain specialist  |
| PTSD Screen           |            | ≥ 3 indicates increased risk of PTSD → MHCP referral required   |
| Psychotic Disorders   |            | ≥ 1 indicates increased risk of psychosis → MHCP referral required  |
| GAD Scale             |            | ≥ 3 indicates an increased risk of anxiety → MHCP referral required   |
| Referred to:          |            | Appointment Date:   |
| Referred to:          |            | Appointment Date:   |
| Planned Review Date:  |            | Actual Follow Up Date:  |
| Print Name:           | Signature: | Date:   |

Local General Practitioner: \_\_\_\_\_

D&A: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_

Local Mental Health Crisis Team: \_\_\_\_\_