

DAISEY AUDIT - CHILD FORM

Please Print Information – Required Questions Marked With *

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|-----------------|----|---|---|
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| | CHILD COMPLETING FORM | | | | | | |
|---|---|--|---|--|--|--|--|
| Which Child is filling | g out the form | n? * | | | | | |
| Print child's first and last name | | | | | | | |
| | | | | | | | |
| CHILD RECEIVING | G SERVICES | · | | | | | |
| Which Child is this form about? | | | | | | | |
| (Person receiving services) * | | | | | | | |
| Print child's first and last name | | | | | | | |
| | | | | | | | |
| FORM INFORMAT | | | | | | | |
| Which caregiver was | | | | | | | |
| Print Primary Cares | - | nd last name | | | | | |
| Which child was inv | | | | | | | |
| "Child Involved" is the target | | | | | | | |
| child or candidate fo | or care | | | | | | |
| Date of Activity * | | | Form Timing | * □ Time 1 | | | |
| (mm/dd/yyyy) | | | | ☐ Time 2 | | | |
| PART 2 | | | | | | | |
| AUDIT | | | | | | | |
| Because alcohol use | can affect yo | ur health and can i | nterfere with ce | rtain medications and | | | |
| treatments, it is important that we ask some questions about your use of alcohol. Your answers | | | | | | | |
| modernio, it is imp | ortant that we | ask some question | ıs about your us | e of alcohol. Your answers | | | |
| _ | | - | | e of alcohol. Your answers t best describes your | | | |
| _ | ntial so please | - | | | | | |
| will remain confider | ntial so please tion. | be honest. Select | | | | | |
| will remain confider answer to each quest | ntial so please tion. have a drink | be honest. Select | the response tha | t best describes your | | | |
| will remain confider answer to each quest 1. How often do you | ntial so please tion. have a drink | be honest. Select \square Never = 0 | the response tha | t best describes your ☐ Less than Monthly = 1 | | | |
| will remain confider answer to each quest 1. How often do you | tial so please tion. have a drink | be honest. Select ☐ Never = 0 ☐ Monthly = 2 | the response tha | t best describes your ☐ Less than Monthly = 1 | | | |
| will remain confider answer to each quest 1. How often do you containing alcohol?* | tion. have a drink containing | be honest. Select ☐ Never = 0 ☐ Monthly = 2 ☐ Daily or alm | the response that | Less than Monthly = 1□ Weekly = 3 | | | |
| will remain confider answer to each quest 1. How often do you containing alcohol?* 2. How many drinks | tion. have a drink containing on a typical | be honest. Select ☐ Never = 0 ☐ Monthly = 2 ☐ Daily or alm ☐ Never = 0 | the response that | t best describes your ☐ Less than Monthly = 1 ☐ Weekly = 3 ☐ Less than Monthly = 1 | | | |
| will remain confider answer to each quest 1. How often do you containing alcohol?* 2. How many drinks alcohol do you have day when you are dr | tial so please tion. have a drink containing on a typical inking?* | be honest. Select ☐ Never = 0 ☐ Monthly = 2 ☐ Daily or alm ☐ Never = 0 ☐ Monthly = 2 | the response that | t best describes your ☐ Less than Monthly = 1 ☐ Weekly = 3 ☐ Less than Monthly = 1 | | | |
| will remain confider answer to each quest 1. How often do you containing alcohol?* 2. How many drinks alcohol do you have | tion. have a drink containing on a typical inking?* | be honest. Select ☐ Never = 0 ☐ Monthly = 2 ☐ Daily or alm ☐ Never = 0 ☐ Monthly = 2 ☐ Daily or alm | the response that ost daily = 4 ost daily = 4 | t best describes your ☐ Less than Monthly = 1 ☐ Weekly = 3 ☐ Less than Monthly = 1 ☐ Weekly = 3 | | | |
| will remain confider answer to each quest 1. How often do you containing alcohol?* 2. How many drinks alcohol do you have day when you are dr 3. How often do you | tion. have a drink containing on a typical inking?* | be honest. Select ☐ Never = 0 ☐ Monthly = 2 ☐ Daily or alm ☐ Never = 0 ☐ Monthly = 2 ☐ Daily or alm ☐ Never = 0 ☐ Monthly = 2 | ost daily = 4 ost daily = 4 | t best describes your ☐ Less than Monthly = 1 ☐ Weekly = 3 ☐ Less than Monthly = 1 ☐ Weekly = 3 ☐ Less than Monthly = 1 | | | |
| will remain confider answer to each quest 1. How often do you containing alcohol?* 2. How many drinks alcohol do you have day when you are dr 3. How often do you | containing on a typical inking?* have six or occasion?* | be honest. Select ☐ Never = 0 ☐ Monthly = 2 ☐ Daily or alm ☐ Never = 0 ☐ Monthly = 2 ☐ Daily or alm ☐ Never = 0 | ost daily = 4 ost daily = 4 | t best describes your ☐ Less than Monthly = 1 ☐ Weekly = 3 ☐ Less than Monthly = 1 ☐ Weekly = 3 ☐ Less than Monthly = 1 | | | |
| will remain confider answer to each quest 1. How often do you containing alcohol?* 2. How many drinks alcohol do you have day when you are dr 3. How often do you more drinks on one of | containing on a typical inking?* the last 30 | be honest. Select ☐ Never = 0 ☐ Monthly = 2 ☐ Daily or alm ☐ Never = 0 ☐ Daily or alm ☐ Never = 0 ☐ Daily or alm ☐ Never = 0 ☐ Monthly = 2 ☐ Daily or alm ☐ Daily or alm | the response that ost daily = 4 ost daily = 4 ost daily = 4 | Less than Monthly = 1 ☐ Weekly = 3 ☐ Less than Monthly = 1 ☐ Weekly = 3 ☐ Less than Monthly = 1 ☐ Weekly = 3 ☐ Less than Monthly = 1 ☐ Weekly = 3 | | | |
| will remain confider answer to each quest 1. How often do you containing alcohol? 2. How many drinks alcohol do you have day when you are dr 3. How often do you more drinks on one of 4. How often during | containing on a typical inking?* the last 30 I that you | be honest. Select □ Never = 0 □ Monthly = 2 □ Daily or alm □ Never = 0 □ Daily or alm □ Never = 0 □ Monthly = 2 □ Daily or alm □ Never = 0 □ Monthly = 2 □ Daily or alm □ Never = 0 □ Monthly = 2 | the response that $\frac{1}{2}$ ost daily = 4 ost daily = 4 | Less than Monthly = 1 ☐ Weekly = 3 ☐ Less than Monthly = 1 ☐ Weekly = 3 ☐ Less than Monthly = 1 ☐ Weekly = 3 ☐ Less than Monthly = 1 ☐ Weekly = 3 | | | |
| will remain confider answer to each quest 1. How often do you containing alcohol?* 2. How many drinks alcohol do you have day when you are dr 3. How often do you more drinks on one of 4. How often during days have you found | containing on a typical inking?* the last 30 I that you of drinking | be honest. Select ☐ Never = 0 ☐ Monthly = 2 ☐ Daily or alm ☐ Never = 0 ☐ Monthly = 2 ☐ Daily or alm ☐ Never = 0 ☐ Monthly = 2 ☐ Daily or alm ☐ Never = 0 ☐ Never = 0 ☐ Never = 0 | the response that $\frac{1}{2}$ ost daily = 4 ost daily = 4 | Less than Monthly = 1 ☐ Weekly = 3 ☐ Less than Monthly = 1 ☐ Weekly = 3 ☐ Less than Monthly = 1 ☐ Weekly = 3 ☐ Less than Monthly = 1 ☐ Weekly = 3 | | | |

Continue to next page







DAISEY AUDIT FORM

| AUDIT CONT. | | |
|-------------------------------------|-----------------------------|------------------------------|
| 5. How often during the last 30 | □ Never = 0 | \Box Less than Monthly = 1 |
| days have you failed to do what | \square Monthly = 2 | □ Weekly = 3 |
| was normally expected of you | ☐ Daily or almost daily = 4 | |
| because of drinking?* | | |
| 6. How often during the last 30 | □ Never = 0 | \Box Less than Monthly = 1 |
| days have you needed a first | \square Monthly = 2 | □ Weekly = 3 |
| drink in the morning to get | ☐ Daily or almost daily = 4 | |
| yourself going after a heavy | | |
| drinking session?* | | |
| 7. How often during the last 30 | □ Never = 0 | \Box Less than Monthly = 1 |
| days have you had a feeling of | \square Monthly = 2 | \square Weekly = 3 |
| guilt or remorse after drinking?* | ☐ Daily or almost daily = 4 | |
| 8. How often during the last 30 | □ Never = 0 | ☐ Less than Monthly = 1 |
| days have you been unable to | \square Monthly = 2 | \square Weekly = 3 |
| remember what happened the | ☐ Daily or almost daily = 4 | |
| night before because of your | | |
| drinking?* | | |
| 9. Have you or someone else been | □ Never = 0 | \Box Less than Monthly = 1 |
| injured because of your | \square Monthly = 2 | \square Weekly = 3 |
| drinking?* | ☐ Daily or almost daily = 4 | |
| 10. Has a relative, friend, doctor, | □ Never = 0 | ☐ Less than Monthly = 1 |
| or other health care worker been | \square Monthly = 2 | \square Weekly = 3 |
| concerned about your drinking or | ☐ Daily or almost daily = 4 | |
| suggested you cut down?* | | |
| | | |
| AUDIT SCORE* | | |
| Add the total of the answers | | |
| from the previous section | | |