

DAISEY AUDIT - CHILD FORM

*Please Print Information – Required Questions Marked With **

PART 1

CHILD COMPLETING FORM			
Which Child is filling out the form? *			
<i>Print child's first and last name</i>			
CHILD RECEIVING SERVICES			
Which Child is this form about? (Person receiving services) *			
<i>Print child's first and last name</i>			
FORM INFORMATION			
Which caregiver was involved? *			
<i>Print Primary Caregiver's first and last name</i>			
Which child was involved? *			
<i>"Child Involved" is the target child or candidate for care</i>			
Date of Activity * (mm/dd/yyyy)		Form Timing*	<input type="checkbox"/> Time 1 <input type="checkbox"/> Time 2

PART 2

AUDIT			
<p>Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Select the response that best describes your answer to each question.</p>			
1. How often do you have a drink containing alcohol?*	<input type="checkbox"/> Never = 0 <input type="checkbox"/> Monthly = 2 <input type="checkbox"/> Daily or almost daily = 4	<input type="checkbox"/> Less than Monthly = 1 <input type="checkbox"/> Weekly = 3	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?*	<input type="checkbox"/> Never = 0 <input type="checkbox"/> Monthly = 2 <input type="checkbox"/> Daily or almost daily = 4	<input type="checkbox"/> Less than Monthly = 1 <input type="checkbox"/> Weekly = 3	
3. How often do you have six or more drinks on one occasion?*	<input type="checkbox"/> Never = 0 <input type="checkbox"/> Monthly = 2 <input type="checkbox"/> Daily or almost daily = 4	<input type="checkbox"/> Less than Monthly = 1 <input type="checkbox"/> Weekly = 3	
4. How often during the last 30 days have you found that you were not able to stop drinking once you had started?*	<input type="checkbox"/> Never = 0 <input type="checkbox"/> Monthly = 2 <input type="checkbox"/> Daily or almost daily = 4	<input type="checkbox"/> Less than Monthly = 1 <input type="checkbox"/> Weekly = 3	

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DAISEY AUDIT FORM

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