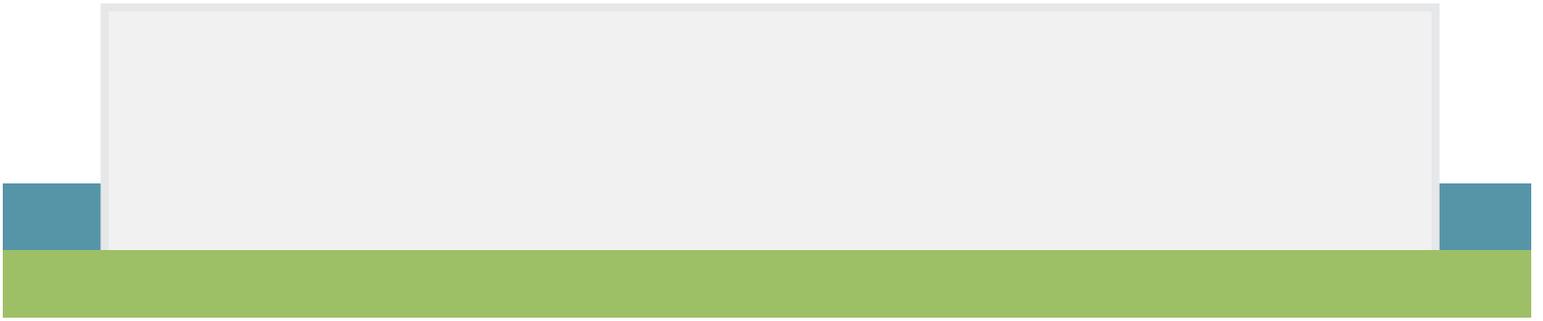




Drinking Smart: Your Health and Alcohol Consumption

Patient Workbook for Creating a Healthier Lifestyle



This short workbook focuses on some of the steps you can take to drink less.

Read through it once from beginning to end soon after you receive it.

Work on changing your drinking for a few weeks. There are some diary cards to help you keep track. After a few weeks, visit your physician again to review how you're doing.

Let's start by seeing how much you drink now.

Number of standard drinks you've had in the past 28 days:

Number of days you drank more than four drinks (for women) or five drinks (for men) in one sitting in the past 28 days:

Your drinking likes

What do you usually drink?

What **DO** you like about drinking?

1.

2.

3.

4.

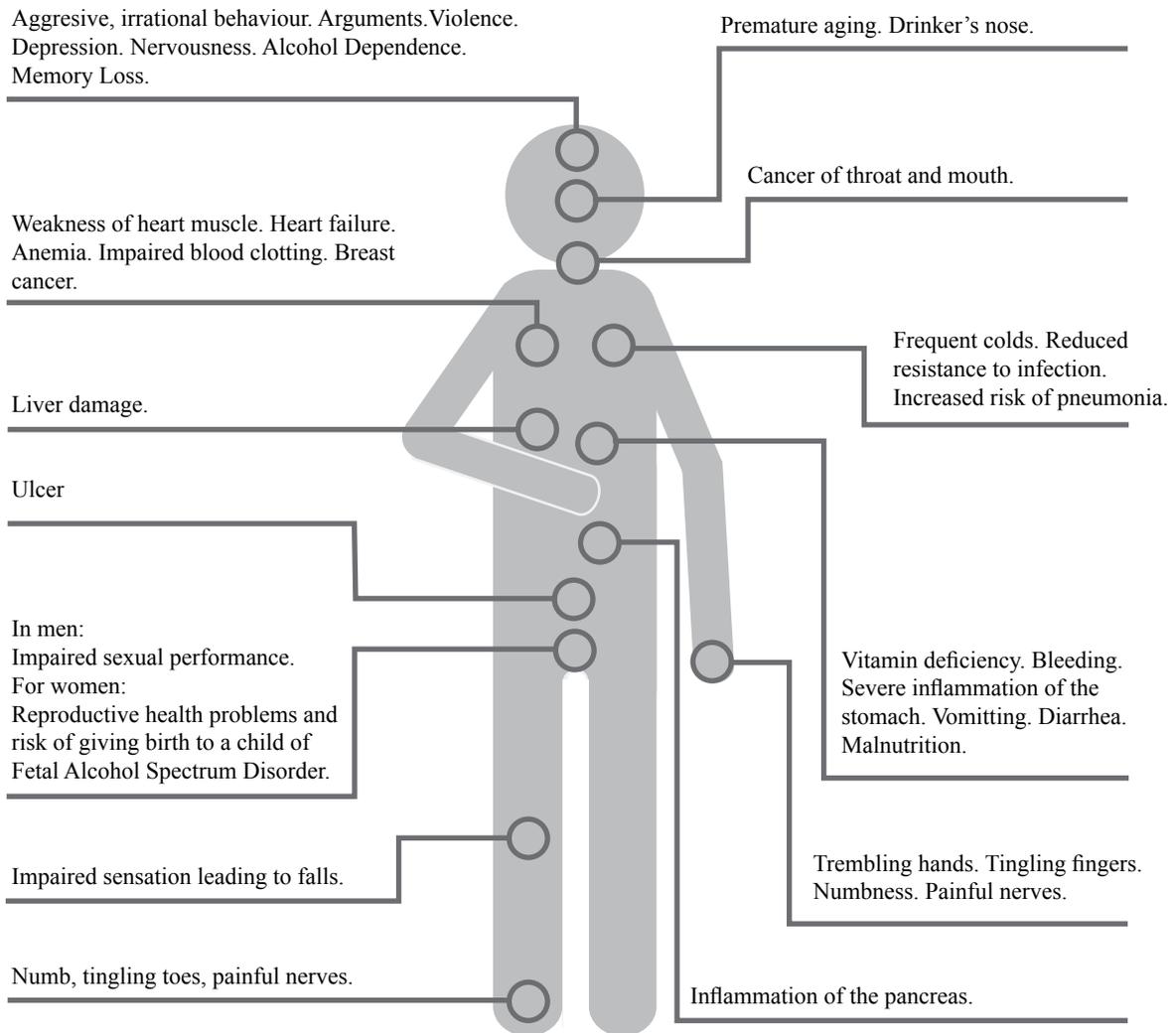
5.

Your drinking dislikes

What **DON'T** you like about drinking?

1. _____
2. _____
3. _____
4. _____
5. _____

Effects of High-Risk Drinking



Adapted from Babor, T.F., et al. (2001). The alcohol use disorders identification test: Guidelines for use in primary care (p. 7). 2nd ed. Geneva: World Health Organization.

Life goals and alcohol use (short term)

What would you want to accomplish over the next few MONTHS?

Would drinking at your current level make it EASIER or HARDER for you to reach these goals?

	Easier	No Effect	Harder
1. _____	+ 1	0	-1
2. _____	+ 1	0	-1
3. _____	+ 1	0	-1
4. _____	+ 1	0	-1
5. _____	+ 1	0	-1

Life goals and alcohol use (long term)

What would you want to accomplish over the next few YEARS?

Would drinking at your current level make it EASIER or HARDER for you to reach these goals?

	Easier	No Effect	Harder
1. _____	+ 1	0	-1
2. _____	+ 1	0	-1
3. _____	+ 1	0	-1
4. _____	+ 1	0	-1
5. _____	+ 1	0	-1

Reducing your risk

We have talked about some of the risks of drinking and your goals. Knowing what you know now, how willing are you to consider changing your drinking to reduce your risks?

10 9 8 7 6 5 4 3 2 1

Definitely willing

Not very willing

Setting goals for change

Today's Date: ____ / ____ / ____

Number of drinks per occasion:

(for women, a good goal might be no more than 4 drinks per occasion; for men, a good goal might be no more than 5 drinks per occasion):

Number of days per month you plan to drink alcohol:

(for women, a good goal might be fewer than 4 drinks per occasion and fewer than 4–10 days per month; for men, a good goal might be fewer than 5 drinks per occasion and fewer than 4–10 days per month):

Type of drinks:

(for instance, switching from multiple-shot mixed drinks to beer or wine coolers):

Other drinking changes:

Signature:

As your health care provider, I commit to providing support and medical care to help you make these changes:

Health Care Provider Signature:

Keeping track of your drinking (week one)

Keep a record of what you drink over the next 7 days

Date: _____

	Beer / Ale / Malt Liquor (12 oz.)	Mixed Drinks / Hard Liquor (e.g., Vodka, Whiskey) (1.5 oz.)	Wine (5 oz.)	Liqueur (e.g., Amaretto, Kahlua) (4 oz.)	Total
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Week's Total: _____

Keeping track of your drinking (week two)

Keep a record of what you drink over the next 7 days

Date: _____

	Beer / Ale / Malt Liquor (12 oz.)	Mixed Drinks / Hard Liquor (e.g., Vodka, Whiskey) (1.5 oz.)	Wine (5 oz.)	Liqueur (e.g., Amaretto, Kahlua) (4 oz.)	Total
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Week's Total: _____

Keeping track of your drinking (week three)

Keep a record of what you drink over the next 7 days

Date: _____

	Beer / Ale / Malt Liquor (12 oz.)	Mixed Drinks / Hard Liquor (e.g., Vodka, Whiskey) (1.5 oz.)	Wine (5 oz.)	Liqueur (e.g., Amaretto, Kahlua) (4 oz.)	Total
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Week's Total: _____

Keeping track of your drinking (week four)

Keep a record of what you drink over the next 7 days

Date: _____

	Beer / Ale / Malt Liquor (12 oz.)	Mixed Drinks / Hard Liquor (e.g., Vodka, Whiskey) (1.5 oz.)	Wine (5 oz.)	Liqueur (e.g., Amaretto, Kahlua) (4 oz.)	Total
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Week's Total: _____

What worked and what didn't?

Whether you were able to completely make your changes or not, it is likely that you encountered some difficult situations.

Think about any strategies you used to keep yourself on track toward the changes you wanted to make. Write down the strategies that worked for you, as well as the ones that didn't.

What strategies **WORKED** for you?

What strategies **DIDN'T WORK** for you?

Making your own choices

Even though you have committed to cutting down your drinking, you will still find yourself in social situations where other people are drinking.

You have many choices: you can choose to drink, you can choose not to drink, you can choose non-alcoholic drinks, or you can choose to avoid situations where you may be tempted to drink too much.

Take a moment to think about what alternative choices you have. It might help to write them down.

Saying “no”

Finding a comfortable way to say “no” can be one of the most effective steps in changing your drinking. Some reasons you could use include:

- “No thanks, I’m driving.”
- “I told my family I would cut down.”
- “My doctor says I should drink less.”

Think of some responses you can give if you are offered a drink.

When people offer me a drink, I will say:

Reward yourself

It helps to reward yourself when making hard changes. By drinking less, you are saving time and money that could be now used for other things.

For example, you can spend more time with friends and family, begin to exercise regularly, explore a new sport or activity, or spend time volunteering in your community. Boredom can become an unexpected problem—and a trigger for drinking. Planning ahead is important.

What would you do if you had **MORE TIME**?

What would you do if you had **MORE MONEY**?

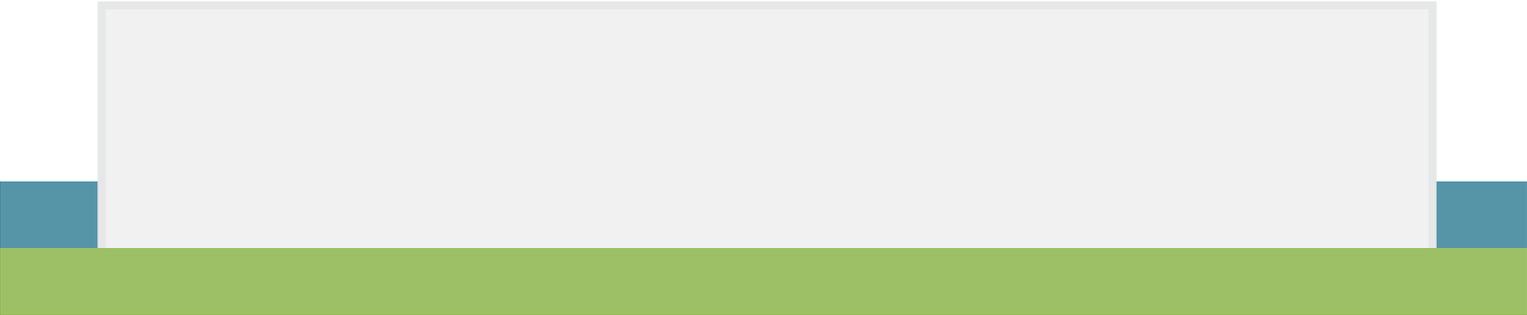
Get support

Enlist the support and encouragement of other people and groups. If you believe that the support of others would be helpful, ask someone you trust or find an established self-help support group.

Write down the names of individuals or groups who can support you as you change your drinking habits:

Name: _____

Phone: _____ Email: _____



This workbook is an adaptation of a workbook used in a published randomized controlled trial of alcohol screening and brief intervention, with the following citation:

Fleming M, Balousek S, Grossberg P, Mundt M, Brown D, Weigel J, Zakletskaia L, Saewyc E. (2010). Brief physician advice for heavy drinking college students: A randomized controlled trial in college health clinics. *Journal of Studies on Alcohol and Drugs*; 71(1):23-31.

