



PERSONAL FEEDBACK REPORT

Location: _____

Name: _____ ID: _____

1. YOUR DRINKING _____

Number of standard "drinks" per week: _____ drinks

Your drinking relative to American adults (same sex): _____ percentile

2. LEVEL OF INTOXICATION _____

Estimated Blood Alcohol Concentration (BAC) peaks:

in a typical week: _____ mg %

on a heavier day of drinking: _____ mg %

3. RISK FACTORS _____

Tolerance Level:

_____ Low (0 - 60) _____ Medium (61 - 120) _____ High (121-180) _____ Very High (181 +)

Other Drug Risk:

_____ Low _____ Medium _____ High

Family Risk: _____

Low: 0 - 1 Medium: 2 - 3 High: 4 - 6 Very High: 7 +

MacAndrew Score: _____

Normal Range: 0 - 23 Medium Risk: 24 - 29 High Risk: 30 +

Age at onset: _____ years

Under 25 - Higher Risk 25 - 39 Medium Risk 40 + Lower Risk

4. NEGATIVE CONSEQUENCES _____

Severity of Problems

	Low	Medium	High	Very High
AUDIT	0 - 7	8 - 15	16 - 25	26 - 40

Your Score: _____

	Low	Medium	High	Very High
DRINC: Ever happened	55 - 60	61 - 75	76 - 90	91 +

Your Score: _____

(Additional information on attached sheet.)

5. BLOOD TESTS _____

SGOT (AST): _____ Normal range: 5 - 35

GGTP (GGT): _____ Normal range: 0 - 30 Low Normal 31 - 50 High Normal
51 + Elevated / Abnormal

SGPT (ALT): _____ Normal range: 7 - 56

Uric Acid: _____ Normal range: 2.6 - 5.6

Bilirubin: _____ Normal range: .2 - 1.2

6. NEUROPSYCHOLOGICAL TESTS _____

	Well Above Average	Above Average	Average	Below Average	Well Below Average
SV	1	2	3	4	5
TMTA	1	2	3	4	5
TMTB	1	2	3	4	5
SYDM	1	2	3	4	5
SHVA	1	2	3	4	5

Therapist: _____

Understanding Your Personal Feedback Report

The Personal Feedback Report summarizes results from your pre-treatment evaluation. Your therapist has explained these to you. This information is to help you understand the written report you have received and to remember what your therapist told you.

Your report consists of two sheets. The first sheet provides information from your pretreatment interviews. Attached to this is a second sheet summarizing your answers to a questionnaire, the Alcohol Use Inventory. The following information is presented section by section to help you understand what your results mean.


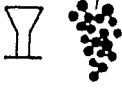


1. Your Drinking

The first line in this section shows the number of drinks that you reported having in a typical drinking week. Because different alcohol beverages vary in their strength, we have converted your regular drinking pattern into standard "one drink" units. In this system, one

drink is equal to:

10 ounces of beer	(5 percent alcohol)	or
4 ounces of table wine	(12 percent alcohol)	or
2.5 ounces of fortified wine (sherry, port, etc.)	(20 percent alcohol)	or
1.25 ounces of 80 proof liquor	(40 percent alcohol)	or
1 ounce of 100 proof liquor	(50 percent alcohol)	

ONE STANDARD DRINK IS:

BEER	 10 oz
WINE	 4 oz
80 PROOF LIQUOR	 1 1/4 oz
100 PROOF LIQUOR	 1.0 oz

All of these drinks contain the same amount of the same kind of alcohol: one-half ounce of pure ethyl alcohol.

This first piece of information, then, tells you how many of these standard drinks you have been consuming per week of drinking, according to what you reported in your interview. (If you have not been drinking for a period of time recently, this refers to your pattern of drinking before you stopped.)

To give you an idea of how this compares with the drinking of American adults in general, the second number in section 1 is a *percentile* figure. This tells you what percentage of U.S. men (if you

are a man) or women (if you are a woman) drink *less* than you reported drinking in a typical week of drinking. If this number were 60, for example, it would mean that your drinking is higher than 60 percent of Americans of your sex (or that 40 percent drink as much as you reported, or more).

How much is too much? It depends on many factors. Current research indicates that people who average *three* or more standard drinks per day have much higher risk of health and social problems. For some people, however, even 1–2 drinks per day would be too many. Pregnant women, for example, are best advised to abstain from alcohol altogether, because even small amounts of regular drinking have been found to increase risk for the unborn child. Certain health problems (such as liver disease) make even moderate drinking unsafe. Some people find that they are unable to drink moderately, and having even one or two drinks leads to intoxication.

Your total number of drinks per week tells only part of the story. It is *not* healthy, for example, to have 12 drinks per week by saving them all up for Saturdays. Neither is it safe to have even a few drinks and then drive. This raises the important question of level of intoxication.

2. Level of Intoxication

A second way of looking at your past drinking is to ask what level of intoxication you have been reaching. It is possible to estimate the amount of alcohol that would be circulating in your bloodstream, based on the pattern of drinking you reported. Blood alcohol concentration (BAC) is an important indication of the extent to which alcohol would be affecting your body and behavior. It is used by police and the courts, for example, to determine whether a driver is too impaired to operate a motor vehicle.

To understand better what BAC means, consider the list of common effects of different levels of intoxication.

Common Effects of Different Levels of Intoxication

20–60 mg%	This is the “normal” social drinking range. NOTE: Driving, even at these levels, is unsafe.
80 mg%	Memory, judgment, and perception are impaired. Legally intoxicated in some States.
100 mg%	Reaction time and coordination of movement are affected. Legally intoxicated in all States.
150 mg%	Vomiting may occur in normal drinkers; balance is often impaired.

- 200 mg% Memory “blackout” may occur, causing loss of recall for events occurring while intoxicated.
- 300 mg% Unconsciousness in a normal person, though some remain conscious at levels in excess of 600 mg% if tolerance is very high.
- 400–500 mg% Fatal dose for a normal person, though some survive higher levels if tolerance is very high.

The two figures shown in section 2 are computer-calculated estimates of your highest (peak) BAC level during a typical week of drinking and during one of your heaviest days of drinking.

It is important to realize that there is no known “safe” level of intoxication when driving or engaging in other potentially hazardous activities (such as swimming, boating, hunting, and operating tools or machinery). Blood alcohol levels as low as 40–60 mg% can decrease crucial abilities. Adding to the danger, drinkers typically do not *realize* that they are impaired. The only safe BAC when driving is *zero*. If you must drive after drinking, plan to allow enough time for all of the alcohol to be eliminated from your body before driving. The tables below can be helpful in determining how long it takes to eliminate alcohol completely:

Approximate hours from first drink to zero alcohol concentration levels for men

		Your weight in pounds							
		120	140	160	180	200	220	240	260
Number of Drinks	1	2	2	2	1.5	1	1	1	1
	2	4	3.5	3	3	2.5	2	2	2
	3	6	5	4.5	4	3.5	3.5	3	3
	4	8	7	6	5.5	5	4.5	4	3.5
	5	10	8.5	7.5	6.5	6	5.5	5	4.5

One drink = 10 oz of beer or 4 oz of wine or 1 oz of liquor (100 proof)

Approximate hours from first drink to zero alcohol concentration levels for women

		Your weight in pounds							
		120	140	160	180	200	220	240	260
Number of Drinks	1	3	2.5	2	2	2	1.5	1.5	1
	2	6	5	4	4	3.5	3	3	2.5
	3	9	7.5	6.5	5.5	5	4.5	4	4
	4	12	9.5	8.5	7.5	6.5	6	5.5	5
	5	15	12	10.5	9.5	8	7.5	7	6

One drink = 10 oz of beer or 4 oz of wine or 1 oz of liquor (100 proof)

3. Risk Factors

It is clear that some people have a much higher risk of alcohol and other drug problems. This section provides you with some information about your own level of risk, based on your personal characteristics. “High risk” does not mean that one will definitely have serious problems with alcohol or other drugs. Neither does “low risk” mean that one will be free of such problems. High-risk people, however, have greater chances of developing serious problems.

Tolerance

Your peak BAC levels, given in section 2, are one reasonably good reflection of your level of *tolerance* for alcohol. If you are reaching BAC levels beyond the normal social drinking range (especially if you are not feeling some of the normal effects of lower BACs), it means that you have a higher tolerance for alcohol. This is partly hereditary and partly the result of changes in the body that occur with heavier drinking. Some people are proud of this tolerance—the ability “to hold your liquor”—and think it means they are not being harmed by alcohol. Actually, the opposite is true. Tolerance for alcohol may be a serious *risk factor* for alcohol problems. The person with a high tolerance for alcohol reaches high BAC levels, which can damage the brain and other organs of the body but has *no built-in warning* that it is happening. Tolerance is not a protection against being harmed by drinking; to the contrary, it makes damage more likely because of the false confidence that it encourages. It is a bit like a person who has no sense of pain. Pain is an important warning signal. People who feel no pain can seriously injure themselves without realizing it. It is the same with people who have a high tolerance for alcohol.

Many people believe that tolerance (“holding your liquor”) means that a person gets rid of alcohol at a faster rate than others. Although people do differ in how quickly their bodies can clear alcohol, tolerance has more to do with actually *being* at a high blood alcohol level and not feeling it.

Other Drug Use

A person who uses other drugs besides alcohol runs several additional risks. Decreased use of one drug may simply result in the increased use of another. The effects of different drugs can multiply when they are taken together, with dangerous results. A tolerance to one drug can increase tolerance to another, and it is common for multiple drug users to become addicted to several drugs. The use of other drugs, then, increases your risk for serious problems. Based on the lifetime drug use that you reported during your interview, your risk in this regard was judged to be low, medium, or high.

Family Risk

People who have a family history of alcohol or other drug problems among their blood relatives clearly are at higher risk themselves. The exact reason for this higher risk is unknown, but it appears that the risk is inherited to an important extent. People may inherit a higher tolerance for alcohol or a body that is particularly sensitive to alcohol

in certain ways. In any event, a family history of alcohol problems increases personal risk.

Personality Pattern

Although there is no single personality style associated with alcohol and drug problems, certain patterns are linked to higher risk. One questionnaire you completed—the MacAndrew Scale—measures this particular kind of risk. People who score higher on this scale as teenagers, for example, have been found to have higher risk for developing serious problems with alcohol in adulthood.

Age at Onset

Recent research indicates that the younger a person is when drinking problems start, the greater the person's risk for developing serious consequences and dependence. Although serious problems can occur at any time of life, a younger beginning does represent a significant risk factor.

4. Negative Consequences

From your pretreatment interview, two scores were calculated to reflect the current overall severity of your negative consequences from drinking.

AUDIT

The AUDIT is a scale devised by the World Health Organization to evaluate a person's problematic involvement with alcohol. Higher scores reflect recent problems related to drinking.

DRINC

Another way to look at risks and effects of drinking is to add up alcohol's negative effects throughout one's lifetime. Your score on this scale reflects the extent to which your drinking has had negative effects over the course of your life thus far. The higher your score, the more harm has resulted from your drinking.

5. Blood Tests

Your pretreatment evaluation also included a blood sample. These particular blood tests were chosen because they have been shown in previous research to be negatively affected by heavy drinking. You should realize that normal results on these tests do not guarantee that you are in good health (for example, that your liver is functioning completely normally). An abnormal score on one or more of these tests, however, probably reflects unhealthy changes in your body resulting from excessive use of alcohol and/or other drugs.

Research indicates that modestly abnormal scores on the blood tests reported here will often show improvement and a return to normal range when harmful drinking and other drug use patterns are changed. The longer one continues drinking, however, the more difficult it is to reverse the physical damage.

These tests are directly related to how the liver is working. Your liver is extremely important to your health. It is involved in producing energy, and it filters and neutralizes impurities and poisons in your bloodstream. Alcohol damages the liver, and after a long period of heavy drinking, parts of the liver begin to die. This is the process of cirrhosis, but physical changes in the liver can be caused by drinking long before cirrhosis appears. As the liver becomes damaged, it begins to leak enzymes into the blood and is less efficient in doing its work. This can be reflected in abnormally elevated values on the tests reported in this section.

Elevated values on any of these tests should be taken seriously. They do not happen by chance and are very likely related to physical changes in the body caused by excessive drinking. Consult a physician who is knowledgeable about the effects of alcohol on the body.

6. Neuro-psychological Tests

Some of the earliest damaging effects of drinking may be seen in certain types of abilities that are affected by alcohol. Certain patterns of brain impairment have been shown to be especially related to heavy drinking. The brain is very vulnerable to alcohol, and over a long span of time, a substantial amount of damage can occur in a heavy drinker. (Brain impairment from the use of certain other drugs has also been shown.)

Such damage occurs gradually. In later stages, it can be seen in x rays of the brain, which show actual shrinkage and other changes in shape and density. Long before this occurs, however, harmful changes in brain functioning can be measured by psychological tests, several of which you completed. Research indicates that such negative effects can often be reversed, sometimes completely, if the individual stops or reduces drinking.

The four tests included in section 6 have been found to be related to heavy drinking. For comparison purposes, we include one test (SV) that is not usually affected by drinking to give you an idea of where your scores might normally be expected to fall. People who are heavy drinkers tend to score more poorly (higher) on the four alcohol-sensitive tests (TMTA, TMTB, SYDM, and SHVA) than on SV.

A high score on any one scale is not necessarily reason for concern. There are many reasons why a single score might be elevated. A *pattern* of elevated scores, however, resembles the kinds of problems that emerge among excessive drinkers. Studies of individuals currently in treatment for alcohol problems consistently show impairment on these measures.

Alcohol's effects on the brain have sometimes been described as "premature aging." The abnormal changes in the brain of a heavy drinker

do resemble normal changes that occur with advanced age. For this reason, your scores reflected above take into account your present age. Scores of 4 or 5 represent below-average performance relative to others in your age group.

The Alcohol Use Inventory

You completed a longer questionnaire that asked in detail about your drinking. This questionnaire has been given to thousands of people seeking treatment for alcohol problems. Based on your answers, 24 scores were obtained, and these are shown on the Alcohol Use Inventory Profile section of your Personal Feedback Report .

Notice that each score falls into one of three ranges. The *white* range indicates a low score, the *light grey* range is for medium scores, and the *dark grey* range reflects high scores—*compared to other people in treatment for alcohol problems*. If, for example, your score for the “Quantity” scale (#13) was in the medium (light grey) range, it would mean that you drink about an average amount *for people already receiving treatment for alcohol problems*. This would be far above the average amount of drinking for Americans in general.

Here are brief reminders of what each scale means. If you want to discuss your results in more detail, contact your therapist.

Benefits

The first four scales reflect possible *reasons* for excessive drinking. A high score on one of these scales may indicate a way in which you have come to depend on alcohol. In order to be free of alcohol problems, it would be important to find other ways of dealing with these areas of your life.

Social Improvement Drinking

People who score in the medium or high range on this scale tend to be social drinkers. They may use alcohol to relax and feel more comfortable around others, to be friendly, or to enjoy social events more. They might have difficulty knowing how to handle their social lives without alcohol.

Mental Improvement Drinking

Those who score medium or high on this scale tend to like the way alcohol changes their *thinking* or *mental* state. They indicate that when they drink they feel more creative or alert, work better, or see the world in more enjoyable ways.

Managing Mood With Drinking

On this scale, medium or high scores indicate people who use alcohol to change how they feel. They drink to forget, to feel less anxious or depressed, or to escape from unpleasant moods. Without alcohol, they might experience difficulty coping with their own emotions.

Marital Coping by Drinking

(If you are not married, you will have no score here.) People who score in the medium or high range on this scale report that they drink because of problems in their marriage.

Styles of Drinking

The next three scales reflect different *styles* of using alcohol. Low scores on these scales describe a different style of drinking but do not mean that there are no problems.

Gregarious Drinking

A medium or high score indicates a preference for drinking around other people. Those who prefer to drink alone score low on this scale.

Compulsive Drinking

Medium and high scores on scale 6 indicate a close attachment to alcohol. Such people tend to think about alcohol a lot, keep a supply handy, and drink in a "compulsive," predictable style.

Sustained Drinking

People who score in the medium and high range on this scale tend to be regular, steady drinkers, drinking every day or most days. Those who score lower on this scale are not such steady drinkers but have periods of drinking and nondrinking.

Consequences

Scales 8–12 reflect possible negative consequences of drinking. Higher scores on these scales reflect more problems, *compared with people already in treatment for alcohol problems*. Thus, a person with a lower score may still have some problems but fewer than most people now in treatment for alcohol problems.

Loss of Control

One kind of difficulty that people can have is that they lose control of themselves when drinking. They get into trouble, arguments, or fights. They may do embarrassing things or hurt themselves or other people. They may not remember things that happened while drinking (black-

outs) or may drink until they become unconscious. Medium and high scores indicate these kinds of problems.

Role Problems

Drinking can also cause social difficulties, such as problems at work or school, and conflicts with the law. Medium and high scores indicate that alcohol is seriously interfering with social functioning.

Delirium

If people continue to drink heavily over a period of time, they may develop a pattern of physical *dependence* on alcohol. A number of changes occur, usually gradually, that make it more difficult for a person to live without alcohol. This can include actual addiction to alcohol, so that the person becomes uncomfortable or even ill when stopping or cutting down drinking. Medium to high scores on this scale reflect some of the more serious signs of addiction to alcohol. For example, stopping drinking can result in hallucinations (seeing, hearing, or feeling things that are not really there) or fuzzy thinking.

Hangover

Hangovers are actually a form of alcohol withdrawal, the body's "rebound" reaction to alcohol. Medium or high scores on scale 11 reflect some of these signs of addiction to alcohol: feeling shaky or sick to the stomach, feeling your heart racing, having a seizure, or feeling hot or cold flashes when sobering up.

Marital Problems

People who score in the medium or high range of scale 12 report that they are having problems in their marriage because of their drinking. (If you are not married, this scale will be blank.)

Personal Concern

How much do you recognize and acknowledge problems with drinking? This is what scales 13–17 describe.

Quantity of Drinking

Scale 13 is a rough indicator of the *amount* you said you have been drinking. (Section 1 of your Personal Feedback Report is a more accurate indication.) Remember that this is in comparison to other people seeking treatment for alcohol problems.

Guilt/Worry

To what extent have you felt guilty about your drinking or worried about what it is doing to you and those around you? Medium and high scores reflect more of this kind of concern.

Help Before

To what extent have you sought help for your drinking before coming to this program? The more things you have tried before, the higher this score will be.

Receptiveness

To what extent do you feel ready and willing to receive help for your drinking? Medium and high scores reflect greater willingness to accept help.

Awareness

To what extent are you aware of problems being caused by your drinking? Medium and high scores indicate recognition of more serious problems.

Second Order Scales

Scores A through F are summaries. They do not contain new information but rather combine information from scales 1–17. Nevertheless, they are useful as overall problem indicators.

Enhancement Drinking

Medium and high scores on this scale reflect drinking to cope, to enhance your life, or to get what you perceive to be the benefits of drinking. To the extent that this score is high, there would be some challenges to face in changing your drinking, because you have relied on alcohol for these purposes. Scales 1–5 show you where you may have relied most on alcohol to enhance your life.

Obsessive Drinking

Medium and high scores on this scale indicate what are often thought of as classic “alcoholic” drinking patterns. The drinking of high scorers on this scale tends to be steady and “driven,” occupying much of the person’s time and energy. High scorers think about drinking quite a bit and will go to considerable lengths to make sure they can drink. It has become a central part of their lives.

Disruption

Both of these two scales report the extent to which life has been disrupted by drinking. Medium and high scores indicate serious symptoms and problems resulting from drinking.

Anxious Concern

Medium and high scores on this scale indicate worry, anxiety, or concern about drinking, as well as alcohol's negative effects on the person's emotional life.

Recognition and Awareness

Medium and high scores here indicate a recognition of a need for change in drinking and/or willingness to get help with drinking.

General

Finally, the Alcohol Involvement Scale is one general indicator of the overall severity of alcohol problems. The higher this score, the more serious and severe the alcohol problems. Remember that scores are low, medium, or high in relation to people already in treatment for alcohol problems.

Summary

Your Personal Feedback Report summarizes a large amount of information that you provided during your pretreatment interviews. Sometimes this information can seem surprising or even discouraging. The best use of feedback like this is to consider it as you decide what, if anything, you will do about your drinking. Many of the kinds of problems covered in your Personal Feedback Report do improve when heavy drinking is stopped. What you do with this information is up to you. Your report is designed to give you a clear picture of where you are at present so that you can make good decisions about where you want to go from here.