

Completing the GA Alcohol Assessment at Admission

Select Individual in the Search Clients widget or from the My Clients list.

Open the GA Alcohol Assessment at Admission

Fill in/verify required fields:

- Date Assessment Started
- Time Assessment Started
- Service
- Assessor's Role
- Place of Assessment
- Able to complete screening?

If the screening can be completed, the 11 fields at the bottom of the form become required.

The screenshot shows the 'GA Alcohol Assessment at Admission' form. It features a sidebar with a 'Submit' button and several icons. The main area contains 11 screening questions, each with radio button options and a score input field. The questions are:

- Family/Significant Other with Individual upon admission (Yes/No)
- How often do you have a drink containing alcohol? (Never, Monthly or less, Two to four times a month, Two to three times a week, Four or more times a week)
- How many drinks containing alcohol do you have on a typical day when you are drinking? (1 or 2, 3 or 4, 5 or 6, 7 to 9, 10 or more)
- How often do you have six or more drinks on one occasion? (Never, Monthly, Daily or almost daily, Less than monthly, Weekly)
- How often during the last year have you found that you were not able to stop drinking once you had started? (Never, Monthly, Daily or almost daily, Less than monthly, Weekly)
- How often during the last year have you failed to do what was normally expected from you because of drinking? (Never, Monthly, Daily or almost daily, Less than monthly, Weekly)
- How often during the last year have you been unable to remember what happened the night before because you had been drinking? (Never, Monthly, Daily or almost daily, Less than monthly, Weekly)
- How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking? (Never, Monthly, Daily or almost daily, Less than monthly, Weekly)
- How often during the last year have you had a feeling of guilt or remorse after drinking? (Never, Monthly, Daily or almost daily, Less than monthly, Weekly)
- Have you or someone else been injured as a result of your drinking? (No, Yes, but not in the last year, Yes, during the last year)
- Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down? (No, Yes, but not in the last year, Yes, during the last year)

Once a value is selected for the screening question, a number will display in the grey field to the right of each question. These numbers are used to produce a total score for the individual. The number can only be changed by selecting a different value for the screening question.

Example: Two to four times a month for "How often do you have a drink containing alcohol?" assigns a score of 2 to the question.

The close-up shows the question: "How often do you have a drink containing alcohol?". The options are:

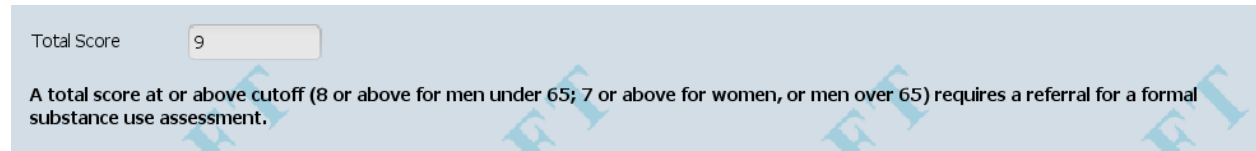
- Never
- Monthly or less
- Two to four times a month (selected)
- Two to three times a week
- Four or more times a week

The score field to the right of the question displays "02".

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Special Note: If 'Never' is selected for "How often do you have a drink containing alcohol?", the remaining questions will be set to zero (0), the total score will be zero (0) and the assessment is done. Just fill in the Assessor's name, finalize the assessment and click Submit.

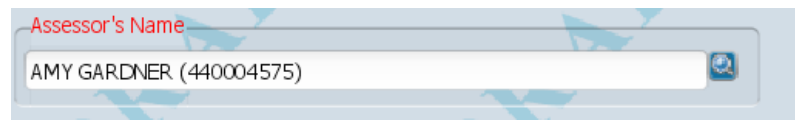
Once all the screening questions are complete, the Total Score will display to give the assessor immediate feedback for the individual. The bolded text under the total score gives the assessor guidance on the next steps.



Total Score

A total score at or above cutoff (8 or above for men under 65; 7 or above for women, or men over 65) requires a referral for a formal substance use assessment.

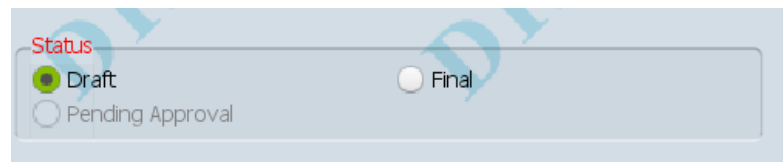
Select the Assessor's name: Type the first 4-5 characters of the assessor's last name and click on the appropriate name from the list of possible matches.



Assessor's Name

AMY GARDNER (440004575)

Select the appropriate status, draft or final.

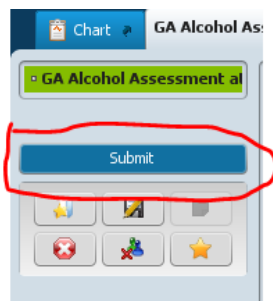


Status

Draft Final

Pending Approval

Click the submit button.



GA Alcohol Assessment

Submit