



Health Promotion Workbook:

Follow-up Session



Today's Date _____ / _____ / _____

PART 1:
PURPOSE OF TODAY'S VISIT

At your initial visit we discussed how alcohol use can affect your overall health and well-being. At the conclusion of that visit you signed a drinking agreement and agreed that we could talk again to further discuss you alcohol use.

Today, we will review how much you have been drinking since our last visit and work to renew or revise your drinking goal.

PART 2:
REVIEW OF ALCOHOL USE

Let's start by reviewing your drinking diary cards from your last visit.

If you do not have them or were unable to complete them then let's proceed on.

Now let's review your drinking over the last week.

WHAT DID YOU DRINK OVER THE LAST SEVEN DAYS
STARTING DATE _____

DAY	Beer	Wine	Liquor	Number
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
			WEEK'S TOTAL:	

PART 3:
REVIEW OF CHANGES IN ALCOHOL USE

According to your drinking diary your alcohol use

- decreased
- stayed the same
- increased

Did you meet your goal that you had set at our last meeting?

- No
- Yes

Now let's talk about the days that you tried to cut down or not drink, even if you were unable to cut down or stop? Tell me about the times you tried or succeeded in cutting down or stopping your drinking. Note below the times that you attempted or quite drinking.

1. _____

2. _____

3. _____

Did you find it difficult to try to cut down on your drinking?
If so what was difficult?

- No
- Yes

1. _____
2. _____
3. _____

If you cut down, were there positive aspects to reducing your drinking?
If so what were the positive things?

- No
- Yes

1. _____
2. _____
3. _____

PART 4:
CONSEQUENCES OF AT-RISK OR PROBLEM DRINKING

As we discussed at our last visit, drinking alcohol can affect your **physical health, emotional and social well being, and relationships.**

Let's review some of the positive effects that people sometimes describe as a result of drinking alcohol. Let's place a check mark by the ones that you feel still apply to you.

<input type="checkbox"/> Temporary high	<input type="checkbox"/> Relaxation	<input type="checkbox"/> Avoid uncomfortable feelings
<input type="checkbox"/> Forget problems	<input type="checkbox"/> Sense of confidence	<input type="checkbox"/> Ease in speaking one's mind
<input type="checkbox"/> Enjoy the taste	<input type="checkbox"/> Temporary lower stress	
<input type="checkbox"/> Social ease		

If you changed your drinking, have you noticed a change for the better or worse in any of these areas? If you reduced your drinking have you missed any of these effects?

The following are some of the **negative consequences** that may result from drinking. Let's place a check mark by any of these problems that are continuing to affect you regardless of whether you believe they are related to your drinking.

<input type="checkbox"/> Difficulty coping with stressful situations	<input type="checkbox"/> Sleep problems	<input type="checkbox"/> Accidents/falls
<input type="checkbox"/> Depression	<input type="checkbox"/> Memory problems or confusion	<input type="checkbox"/> Relationship problems
<input type="checkbox"/> Loss of independence	<input type="checkbox"/> Malnutrition	<input type="checkbox"/> Increased risk of assault
<input type="checkbox"/> Problems in community activities	<input type="checkbox"/> Reduced effectiveness of medications	<input type="checkbox"/> Financial problems
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Increased side effects from medication	<input type="checkbox"/> Stomach pain
<input type="checkbox"/> Sexual performance problems		<input type="checkbox"/> Liver problems

Have any of these areas gotten better or worse since our last visit? Did changing your drinking affect any of these areas?

PART 5:
REASONS TO QUIT OR CUT DOWN ON YOUR DRINKING

Let's review the reasons you identified for reducing or quitting your drinking. First let's mark the areas that were the most important reasons that YOU wanted to quit or cut down on your drinking from the first time we met. Have any of these changed? Which ones would you mark at this time?

	Previous Selections	Current Reasons
To consume fewer empty calories (alcoholic drinks contain many calories).	<input type="checkbox"/>	<input type="checkbox"/>
To sleep better.	<input type="checkbox"/>	<input type="checkbox"/>
To maintain independence.	<input type="checkbox"/>	<input type="checkbox"/>
To feel better.	<input type="checkbox"/>	<input type="checkbox"/>
To save money.	<input type="checkbox"/>	<input type="checkbox"/>
To be happier.	<input type="checkbox"/>	<input type="checkbox"/>
To reduce the possibility that I will be injured in a car crash.	<input type="checkbox"/>	<input type="checkbox"/>
To have better family relationships.	<input type="checkbox"/>	<input type="checkbox"/>
To participate more in community activities.	<input type="checkbox"/>	<input type="checkbox"/>
To have better friendships.	<input type="checkbox"/>	<input type="checkbox"/>
To improve my health.	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>



PART 6:
DRINKING AGREEMENT

We want to review your decision to reduce your drinking and decide on a drinking limit for yourself. Negotiate with your health care provider so you can both agree on a reasonable goal. A reasonable goal for some people is abstinence-not drinking any alcohol.

As you develop this agreement, answer the following questions:

- How many standard drinks (see below)?
- How frequently?
- For what period of time?

DRINKING AGREEMENT	
Date _____	

Patient signature _____	
Clinician signature _____	

The drinks shown below, in normal measure, contain roughly the same amount of pure alcohol. You can think of each one as a **standard drink**.



one can of ordinary beer or ale

12 oz



one glass of wine

5 oz



one small glass of sherry

4 oz



one small glass of liqueur or aperitif

4 oz



one single shot of spirits (gin, whiskey, vodka)

1.5 oz

PART 7:
WAYS TO COPE WITH RISKY SITUATIONS

It is important to figure out how you can make sure you will not go over drinking limits when you are tempted. Here are examples:

- √ Telephone a friend √ Call on a neighbor √ Read a book
- √ Go for a walk √ Watch a movie √ Participate in an activity or hobby you like

Some of these ideas may not work for you, but other methods of dealing with risky situations may work. Identify ways you could cope with the specific risky situations.

What ways did you try already? Did these work or not? Why?

1. _____

2. _____

3. _____

What are some of the things you want to try or continue doing in order to help reduce your drinking further or maintain the goal that you achieved?

- A. _____

- B. _____

- C. _____

Think about other situations and ways you could cope without using alcohol.

PART 8:
VISIT SUMMARY

We've covered a great deal of information today. Changing your behavior, especially drinking patterns, can be a difficult challenge. The following pointers may help you stick with your new behavior and maintain the drinking limit agreement, especially during the first few weeks when it is most difficult. Remember that you are changing a habit, and that it can be hard work. It becomes easier with time.

- Remember your drinking limit goal: _____
- Read this workbook and your first workbook frequently.
- Every time you are tempted to drink above limits and are able to resist, congratulate yourself because you are breaking an old habit.
- Whenever you feel very uncomfortable, tell yourself that the feeling will pass.
- At the end of each week, think about how many days you have been abstinent (consumed no alcohol) or have been a light or moderate drinker.
- Some people have days during which they drink too much. If that happens to you, DON'T GIVE UP. Just start again the next day.
- You should always feel welcome to call your primary care provider for assistance or in case of an emergency.

THANKS FOR TRYING THIS PROGRAM.

Please keep your drinking diary cards handy so you can review them at the next telephone visit.



DRINKING DIARY CARD

We would like for you to continue to keep track of how much you drink using the drinking diary cards. One card is used for each week. Every day record the number of drinks you had. At the end of the week add up the total number of drinks you had during the week.

DIARY CARD

KEEP TRACK OF WHAT YOU DRINK OVER THE NEXT 7 DAYS

STARTING DATE _____

DAY	Beer	Wine	Liquor	Number
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
			WEEK'S TOTAL:	

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