

STANDARDIZED ALCOHOLISM INVENTORIES PROJECT

CLINICAL ALCOHOLISM INTERVIEW SCHEDULE (CAIS)

ADDICTION RESEARCH UNIT
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LONDON, SE5

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"THE TYPICAL RECENT HEAVY DRINKING DAY"

Anchoring the Question.

The interviewer should start by explaining the concept of typical heavy drinking day in simple terms to the patient, and tell him that enquiry will for the present focus on a period which he is to nominate from the recent past, and which he sees as fairly representing the way in which he drinks when drinking heavily.

- 1.1 Identify the period which the patient nominates both in his terms (e.g. the three months up to when I lost my job and approximately by date) (e.g. approximately middle of June to middle of September, 1975.)

Patient Terms:

Date:

- 1.2 Record the patient's assessment of the satisfactoriness in this particular instance of a 'typical day' in the selected time period as representing his heavy drinking.

CODING.

2. Idea meaningful – the stability of the patient's drinking pattern is such that the selection of the 'typical day' very accurately represents the way he drinks when drinking heavily.
The period chosen is highly representative.
1. Idea meaningful – but when drinking heavily the patient may fairly often to a mild degree vary his heavy drinking. Also or alternatively the subject may express some slight hesitation as to the possibility of nominating a representative period.
0. The patient has some considerable difficulty in conceptualizing a typical heavy drinking day. Also or alternatively the patient has some considerable difficulty nominating a representative period.

Timetabling.

- 1.3. By free questioning obtain a detailed schedule for the typical drinking day, and record the information in time-table form. For each drinking occasions record beverages, quantity drunk, circumstances, timing, withdrawal relief, intoxication, amnesias.

Summation of alcohol intake on typical drinking day

1.4 Using the conversion table given below obtain approximate estimate in terms of grammes of absolute alcohol consumed per day.

BEVERAGE	QUANTITY / DAY	GR.	ALCOHOL	TOTAL
BEER. CIDER. 4%	½ PINTS.....	x	9	=
	PINTS.....	x	18	=
	CANS (275 ml).....	x	8.5	=
BARLEY WINE. 17%	½ PINTS.....	x	38	=
	PINTS.....	x	76	=
	BOTTLE (6-oz).....	x	23	=
ROUGH CIDER. 13%	½ PINTS.....	x	29	=
	PINTS.....	x	59	=
	BOTTLE (1 Litre).....	x	103	=
TABLE WINE. 10%	GLASS (4-oz)	x	9	=
	½ BOTTLE.....	x	30	=
	BOTTLE (760.ml).....	x	60	=
	1 LITRE.....	x	79	=
FORTIFIED WINE. V.P. 26%	GLASS (4-oz)	x	23	=
	½ BOTTLE.....	x	78	=
	BOTTLE (760.ml).....	x	156	=
	1 LITRE.....	x	205	=
SHERRY. VERMOUTH. PORT. 18%	SMALL GLASS	x	6	=
	LARGE GLASS.....	x	12	=
	½ BOTTLE.....	x	54	=
WHISKEY. GIN. RUM. VODKA. BRANDY. 40%	BOTTLE (760.ml).....	x	108	=
	SINGLE	x	75	=
	¼ BOTTLE.....	x	60	=
	½ BOTTLE.....	x	120	=
METHYLATED SPIRITS. SURGICAL SPIRITS. 95%	BOTTLE (760.ml).....	x	240	=
	¼ PINTS.....	x	106	=
	½ PINTS.....	x	213	=
	PINTS.....	x	426	=
			TOTAL	=

1.5 Total of alcohol consumed/day grammes.

Experience of withdrawal symptoms during heavy drinking period.

For each symptom 1.6 to 1.10 code:-

- 0. Not experienced or only in a few occasions during his life.
- 1. 1-2 typical days out of seven, only ever mild.
- 2. 1-2 typical days out of seven, sometimes or always severe.
- 3. 3-5 typical days out of seven, only ever mild.
- 4. 3-5 typical days out of seven, sometimes or always severe.
- 5. 6-7 typical days out of seven, only ever mild.
- 6. 6-7 typical days out of seven, sometimes or always severe.
- 9. N.K. etc.

Note:- Complete rating procedures with definitions for 'Mild' and 'Severe' in the interview guide-lines.

1.6	Shakiness of hands.	<input type="checkbox"/>
1.7	Sweatiness	<input type="checkbox"/>
1.8	Retching	<input type="checkbox"/>
1.9	Affective disturbances	<input type="checkbox"/>

1.10. Likelihood of withdrawal relief drinking during a typical heavy drinking day.

Enquiry is to be made as to the patient's perception of the likelihood of taking a drink to relieve withdrawal symptoms on the typical sort of day he is describing.

CODING.

- 0. Patient states that on a typical heavy drinking day he will certainly not engage in relief drinking, and may well have never done so or only on a few occasions during his life.
- 1. He sees it as possible but not very likely that on a typical heavy drinking day he would engage in such drinking e.g. on 1-2 typical days out of seven, but not more.
- 2. He reports that such drinking is common but not invariable e.g. occurring on 3-5 typical days out of 7.
- 3. He sees the likelihood of such drinking as being very high e.g. occurring on 6-7 typical heaving drinking days out of 7.
- 9. Not known etc.

- 1.11. Describe in narrative form the subjective degree of urgency and necessity of having the drink, whether fixed quantity of drink is required, the rapidity and completeness of relief.

Narrative.....

- #### 1.12. Functional importance of relief drinking on typical heavy drinking day.

CODING.

0. Patient states that on a typical heavy drinking day he will certainly not engage in relief drinking or will see such drinking as usually only or trivial importance.
 1. He sees it as possible but not very likely that on a typical heavy drinking day he would be seriously incapacitated unless he had a drink e.g. on 2 typical days out of 7.
 2. He reports that such a level of incapacity is common but not invariable e.g. occurring on 3-5 typical days out of 7.
 3. He sees the likelihood of such a level of incapacity as being very high e.g. occurring on 6-7 typical heavy drinking days out of 7.
 9. Not known. etc.

1.13 & 1.14 Experience of amnesia on typical heavy drinking day.

CODING.

0. Patient states that on a typical heavy drinking day he will certainly not present amnesia, and may well have never done so or only on a few occasions during his life.

1. He sees it as possible but not very likely that on a typical heavy drinking day he would present amnesia e.g. on 1-2 typical days out of 7, but not more.

- 2. He reports that such amnesia is common but not invariable e.g. occurring on 3-5 typical days out of 7.
- 3. He sees the likelihood of such amnesia as being very high e.g. occurring on 6-7 typical heavy drinking days out of 7.
- 9. Not known etc.

1.13 Block Amnesia.

Narrative.....

1.14 Fragmented Amnesia.

Narrative.....

1.15 Impairment of control on typical heaving drinking day

CODING.

- 0. Patient states that on a typical heavy drinking day he will certainly not experience impairment of control, and may well have never done so or only on a few occasions during his life.
- 1. He sees it as possible but not very likely that on a typical heavy drinking day he would present experience impairment of control, e.g. on 1-2 typical days out of 7, but not more.
- 2. He reports that such impairment is common but not invariable e.g. occurring on 3-5 typical days out of 7.
- 3. He sees the likelihood of such impairment as being very high e.g. occurring on 6-7 typical heavy drinking days out of 7.
- 9. Not known etc.

Narrative.....

1.16. Likelihood of continuous alcoholization during typical heavy drinking day.

CODING.

- 0. Patient states that on a typical heavy drinking day he will certainly not experience continuous alcoholization, and may well have never done so or only on a few occasions during his life.
- 1. He sees it as possible but not very likely that on a typical heavy drinking day he would experience continuous alcoholization, e.g. on 1-2 typical days out of 7, but not more.
- 2. He reports that such continuous alcoholization is common but not invariable e.g. occurring on 3-5 typical days out of 7.
- 3. He sees the likelihood of such continuous alcoholization as being very high e.g. occurring on 6-7 typical heavy drinking days out of 7.
- 9. Not known etc.

1.17. Variability of drinking pattern during week of heavy drinking period.

This question seeks to determine when the patient describes the drinking of a typical heavy drinking day, the extent to which such a description would be applicable to most other days.

CODING.

- 1. Patient reports that the 'typical heavy drinking day' would be typical of 1-2 days/week. This would apply for instance to the man whose drinking is largely concentrated on Saturdays and Sundays.
- 2. He reports that such drinking will be characteristic of 3-5 days out of 7 – he is definitely someone who does not drink in this heavy fashion every day of the week.
- 3. He drinks in this fashion on 6-7 days out of 7 e.g. he reports that he will drink this way 'everyday' or 'nearly everyday.'
- 9. Not known etc.

1.18. Variability of drinking pattern during nominated period

This narrative question takes a longer time perspective than 1.18 above: rather than dealing with the variability simply within a week, it attempts by free questioning to construct an account of variability within that nominated period from which the typical heavy drinking day is being drawn e.g. the variability over the 3 months of his last job.

2). DRINKING PATTERN OVER PREVIOUS 52 WEEKS.

Categorisation of weeks.

By free questioning reconstruct the patient's drinking pattern over 52 weeks prior to interview or prior to hospitalization

- 2.1 Date from which retrospected.

- ## **2.2 Narrative.....**

Code in weeks: - if the number of weeks is less than 10 Code 0 in the first box, if not known Code 99.

2.3. Number of weeks in which no alcohol was taken.

<input type="text"/>	<input type="text"/>
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2.4. The longest continued period of total abstinence.

<input type="text"/>	<input type="text"/>
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2.5. The number of weeks during which there was any day on which the patient drank as much as 5 or less pints of beer (or equivalent) but did not go beyond this (10 glasses of wine or 1.2/3 of a bottle = 15 small glasses of sherry = 10 singles of spirits or 1/3 of a bottle (up to 100-g alcohol).

<input type="text"/>	<input type="text"/>
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2.6. The number of weeks during which there was any day when the patient drank more than 5 but not more than 10 pints of beer, or equivalent (10 to 20 glasses of table wine, 15 to 30 small glasses of sherry, 13 to 25 singles of spirits) (100 to 200 –g alcohol).

<input type="text"/>	<input type="text"/>
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2.7. The number of weeks during which there was any day on which the patient drank more than 10 pints of beer, or equivalent (20 glasses of table wine, 30 small glasses of sherry, 25 singles of spirits) (more than 200-g alcohol).

<input type="text"/>	<input type="text"/>
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2.8. Code Jellinek type most appropriately describing the patient's drinking pattern of previous 52 weeks.

0. ALPHA (psychological dependence only).

1. BETA (physical damage only).

2. GAMMA (dependence with loss of control).

3. DELTA (dependence with inability to abstain)

4. EPSILON (dependence with bout drinking)

5. Mixture of alpha with gamma or delta (i.e. drinking aberrantly most of the time, but only intermittently appearing to dip into dependence).

6. Mixture of gamma and delta i.e. patient's predominant pattern clearly one of dependence but mixed symptoms of 'loss of control' and 'inability to abstain,' or intermittently more chaotic or more ordered.

9. Not known etc.

<input type="text"/>

Narrative.....

3). BACKGROUND TO DRINKING HISTORY AND PRINCIPLE MILESTONES IN DRINKING HISTORY.

3.1-3.4 Parents Drinking Habits or Other Key Early Figures during Patient's Upbringing.

These four questions should be taken as applying to the period in the patient's life before the age of 18.

CODING.

0. Abstainer or near abstainer e.g. 'might have a drink at Christmas'.
1. Normal social drinker. Drinking in accordance with general cultural norms and not leading to any variety of adverse consequence.
2. Heavy drinking with no more than occasional mild adverse consequence e.g. 'he drank a bit heavy sometimes and then there might be a row when he came home late, but never any violence and never ran us short of money.'
3. Heavy drinking with continuous or serious adverse consequences e.g. 'he was always coming back drunk and rowing,' 'he was sometimes violent when drinking,' loss of job through drink, criminal involvement through drink, 'he was an alcoholic,' 'it was drink that killed him.'
9. N.K. N.A. (e.g. patient did not know this parent, no other key figure to nominate).

- | | | |
|-----|-----------------------------|--------------------------|
| 3.1 | Father drinking habits. | <input type="checkbox"/> |
| 3.2 | Mother drinking habits. | <input type="checkbox"/> |
| 3.3 | Other key figure (specify). | <input type="checkbox"/> |
| 3.4 | Other key figure (specify). | <input type="checkbox"/> |

3.5 Socio-Cultural Drinking Expectations of Upbringing.

This question aims to assess the socio-cultural influences which were present to shape the individual's acquisitions of drinking attitudes up to the age of 18.

CODING.

- 0. Predominantly negative definition offered to drinking e.g. brought up in Methodist household.
- 1. Neutral definition: no active encouragement nor discouragement. English working-class home where the woman just didn't drink very often but there were not active prohibitions.
- 2. Positive definition of drinking as appropriate in moderate fashion and as integrated into other aspects of life e.g. conventional Jewish upbringing.
- 3. Positive definition of heavy drinking or drunkenness as appropriate with acceptance of at least some minor (unable to read original)
- 4. Highly conflicted definition. E.g. A Salvationist household in a Glasgow slum with early split identification between home and heavy drinking peer group. This category should not be over-used on account of a too sensitive awareness that in many cultures drinking attitudes may be at least covertly ambivalent.
- 9. Not known. Etc.

3.6 Significant Adult Occupational Exposure at Anytime During Development of Drinking Problem.

Assessment is to be made as to whether the patient has worked in a significantly drink-exposed occupation.

CODING.

- 0. No or only slight evidence of such exposure e.g. once worked in a bar as a holiday job, worked as an accountant and occasionally took a client out to lunch.
- 1. Moderate exposure e.g. worked for not more than 2 years in a seriously drink-exposed occupation (18 months only in Merchant Navy), or worked for longer periods in only moderately exposed environment e.g. ten years as painter and decorator 'where a lot of the blokes were heavy drinkers and in some jobs you could slip off for a drink.'
- 2. Heavy exposure. e.g. worked for 5 years as barman, spent 10 years in milieu of colonial club life.
- 9. Not known.

3.7 – 3.10

Principal Milestones in Drinking History.

It is likely that for all these questions some patients will only be able to give an approximate answer, in which case the middle point should be coded e.g. 'some time between when I left school (14) and went into the Army (20)' code age 17

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|------|--|---|
| 3.7 | Age first drank on own initiative. | <input type="text"/> <input type="text"/> |
| 3.8 | Age when began to drink often, more than 8 pints of beer or equivalent
(16 glasses of wine = 25 small glasses of sherry = 20 singles of spirits). | <input type="text"/> <input type="text"/> |
| 3.9 | Age when first experienced withdrawal symptoms. | <input type="text"/> <input type="text"/> |
| 3.10 | Age when first realised drinking was a problem. | <input type="text"/> <input type="text"/> |

4. FUNCTIONAL ALCOHOLISM MENTAL SYNDROME.

CODING. – for 4.1 to 4.4 is identical.

- 0. Syndrome definitely never experienced.
- 1. Syndrome possibly experienced, but interviewer does not feel that he can make the diagnosis with absolute confidence, or is perhaps uncertain as to the causal role of alcohol.
- 2. Syndrome definitely experienced: the phenomenology can be certainly identified and the causal role of alcohol is undoubted.
- 9. Not known, etc.

4.1 Subacute hallucinatory state

Narrative.....
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4.2 Delirium tremens

Narrative.....
.....

4.3 Alcoholic hallucinosis

Narrative.

1

4.4 Withdrawal convulsions

Narrative.

1

5). SOCIAL FUNCTIONING.

5.1 Occupational History.

Narrative. Historical listing of patients occupations and periods of unemployment time of leaving school to present. Description in particular to present job and job satisfaction. Job skills and qualifications. Impact of drinking on previous and present job e.g. sackings, blocked promotions, extended periods of unemployment, occupation below proper status, whether at present under threat of dismissal. For housewife, impact on ability to run the house.

CODING.

- 0. No evidence that drinking has had adverse impact on work.
- 1. Drinking has had only slight impact on work e.g. a casual laborer has been 'given his cards' for Monday morning absenteeism, failure to be made up to foreman due or partially due to drinking, some stated concern by present employers but no overt threat to present job, some interference with functioning as housewife.
- 2. Drinking has had serious impact on work e.g. sacked at some time from a permanent job because of or partly because of drinking, important promotion blocked, threatened at present with dismissal, failure to own business, fall in job status, housewife "can't run the home."
- 3. NA. Patient has never worked.
- 9. Not known.

5.2 Marital History.

Narrative. Age of patient and spouse at marriage. Perceived satisfaction in marriage – shared interests, affection, balance of dominance, sexual satisfaction. Problems in marriage related or unrelated to drink (with note on seeming impact of drinking): incompatibility, rows, violence, threatened separation, separation or divorce. Spouses employment, serious illness, drinking. Spouses response to patients drinking and style of coping. Previous marriages. Broken engagements, Common-law marriages.

CODING.

- 0. No evidence that drinking has had no adverse impact on this or previous marriage.
- 1. Drinking has had only slight impact on this or previous marriage e.g. spouse is worried by patient's drinking and there have been some rows, but no serious threats of separation.
- 2. Drinking has had serious impact on this or previous marriage e.g. 'marriage made very unhappy by my drinking,' spouse seriously threatens separation.
- 3. Drinking considered to be implicated in existing separation or divorce.
- 4. NA. never married.
- 9. Not known etc.

5.3 Children.

Narrative. Names and ages of all patient's children, brief personal histories, quality of relationship with patient and spouse.

NO CODING.

5.4 Accommodation

Narrative. Type and satisfactoriness of present accommodation. Threats of eviction, rent arrears, complaints from neighbours. Homelessness.

CODING.

0. No accommodation difficulties due to drinking.
 1. Slight accommodation difficulties due to or partially due to drinking e.g. a few weeks behind with the rent, neighbours starting to complain.
 2. Serious accommodation difficulties due to or partially due to drinking e.g. family forced to live in unsatisfactory surroundings, threatened with eviction or evicted.
 3. Homelessness due or partially due to drinking e.g. moving around temporary furnished accommodation forced temporarily into hostel, but with prospect (unable to read original document)
 4. Vagrancy due or partially due to drinking – patient has adopted a way of life characterised by ‘sleeping rough,’ hostel dwelling, Reception Centres, and has accepted this. Has been his usual way of living for at least the last 3 months.
 9. Not known etc.

5.5 Financial.

Narrative. Assess patient and the family's financial situation, and possible impact of drinking. Income, capital, debts, over-drafts, hire purchase commitments. Attitude of creditors: whether being pressed, whether financially embarrassed.

5.6-5.8 Criminal History.

Narrative. Record patient's criminal history in full, sentences, whether now on probation or suspended sentence, undetected crime, manner in which drinking has been involved in offences, involvement in criminal milieu, patient's attitude to these offences.

5.6 Public drunkenness convictions (e.g. drunk and incapable, drunk and disorderly).

CODING.

- 0. No such convictions.
- 1. one such conviction.
- 2. two such convictions.
- 3. three such convictions.
- 4. four such convictions.
- 5. five such convictions.
- 6. six such convictions.
- 7. seven such convictions.
- 9. Not known etc.

5.7 Drink driving convictions (e.g. breathalyzer offence, drunk in charge, refusing to give specimen).

CODING.

- 0. No such convictions.
- 1. one such conviction.
- 2. two such convictions.
- 3. three such convictions.
- 4. four such convictions.
- 5. five such convictions.
- 6. six such convictions.
- 7. seven such convictions.
- 9. Not known etc.

5.8 Other criminal convictions (exclude public drunkenness and drink driving offences).

CODING.

- 0. No or only trivial offences, parking offences and minor infringements of road traffic law.
- 1. Offences, but sub-judice at the time of interview.
- 2. Convictions, but never imprisoned, or given suspended sentence, or put on probation.
- 3. Convictions, has been given suspended sentence or probation, but never imprisoned.
- 4. Imprisonment at some time: longest sentence less than 3 months.
- 5. Imprisonment at some time: longest sentence greater than 3 months.
- 9. Not known etc.

6). PREVIOUS TREATMENTS FOR ALCOHOLISM.

Narrative. Record full history of patient's previous treatment for alcoholism: note whether contact sustained, and patient's perception of usefulness of such contact. Enquire specifically regarding: - G.P., hospital contact, hostels, day centres, voluntary counselling agencies, A.A.

CODING.

0. No previous treatment specifically for alcoholism.
1. Unsustained previous treatment contact e.g. occasional discussion with G.P., contact with A.A. without sense of affiliation, brief hospital admission with treatment course not completed or O.P. attendances with contact broken within a month.
2. Significant treatment contact e.g. previous sense of affiliation to A.A., previous planned and completed O.P. or I.P. specialized care.
9. Not known etc.

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