**PROJECT ED HEALTH**

**BNI Adherence & Competence Checklist**

 **Yes No**

1. Ask the patient for permission to discuss alcohol use [ ]  [ ]
2. Review patient’s drinking patterns [ ]  [ ]

1. Express concern about these patterns [ ]  [ ]
2. Ask about a connection [ ]  [ ]
3. Reflect the patient’s statement [ ]  [ ]
4. Provide medical facts and information that there is a connection

 between the fight and drinking. (For example, not seeing cues that

 things were getting out of control) [ ]  [ ]

1. Inform patient of NIAAA guidelines and norms by using show cards [ ]  [ ]
2. Ask patient to identify readiness to change on readiness ruler

show card [ ]  [ ]

1. Ask why they choose that number and not a lower one [ ]  [ ]
2. Reflect patients statements regarding change [ ]  [ ]
3. Elicit response (How does all this sound to you?) [ ]  [ ]
4. Negotiate the goal (What would you like to do?) [ ]  [ ]
5. Give advice if necessary [ ]  [ ]
6. Summarize (This is what I’ve heard you say..) [ ]  [ ]
7. Have patient fill out agreement card [ ]  [ ]
8. Provide health information sheet [ ]  [ ]
9. Suggest Primary Care Follow-up [ ]  [ ]
10. Thank the patient for his/her time [ ]  [ ]

**Optional Question:**

**Yes No**

Ask EP, “What if the patient had chosen a 1 on the readiness ruler?”

**1.** EP would ask patient, ‘What would make this a problem for you?” [ ]  [ ]

**Comments:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EP Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reviewer**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Start time**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **End time**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_