**Project ED Health**

**BNI Adherence & Competence Checklist**

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| **Did the ED Provider (EP)…** | **YES NO N/A** |
| **1)** Ask patient for permission to discuss alcohol use and pause for their response?  | [ ]  [ ]  [ ]  |
| **2)** Review patient’s drinking patterns and express concern? | [ ]  [ ]  [ ]  |
| **3)** Ask patient if he/she sees a connection between drinking and ED visit? | [ ]  [ ]  [ ]  |
| **4)** Make a specific connection between drinking and ED visit or other medical issue (e.g., MVC, GI complaints, hypertension)? | [ ]  [ ]  [ ]  |
| **5)** Inform patient about the exact NIAAA guidelines relevant to his/her sex and age  group and tell patient his/her drinking is above guidelines and unsafe ? | [ ]  [ ]  [ ]  |
| **6)** Ask patient to select a number on the “Readiness Ruler”? | [ ]  [ ]  [ ]  |
| **7)** What was the number? *(please write # in box)* | [ ]   |
| **8)** Ask patient why he/she did not pick a lower number? | [ ]  [ ]  [ ]  |
| **9)** Ask patient: What would make his/her drinking a problem?  OR Ask how important would it be for the patient to prevent that from happening?  OR Discuss patient’s pros and cons of drinking? | [ ]  [ ]  [ ]  |
| **10)** Tell patient in a confrontational manner, that they *have to* cut down? | [ ]  [ ]  [ ]  |
| **11)** Make suggestions regarding how much patient should cut down? | [ ]  [ ]  [ ]  |
| **12)** Refer to patient as an “alcoholic” | [ ]  [ ]  [ ]  |
| **13)** Negotiate a drinking goal with the patient based on what patient has said by asking: What would you like to do? | [ ]  [ ]  [ ]  |
| **14)** Tell patient that if he/she can stay within NIAAA limits he/she will be less likely to experience (further) illness or injury related to alcohol use? | [ ]  [ ]  [ ]  |
| **15)** Provide a drinking agreement sheet? | [ ]  [ ]  [ ]  |
| **16)** Add his/her advice on the agreement? | [ ]  [ ]  [ ]  |
| **17)** Provide “Project ED Health” Information sheet? | [ ]  [ ]  [ ]  |
| **18)** Encourage patient to follow-up with his/her Primary Care Practitioner (PCP)? | [ ]  [ ]  [ ]  |
| **19)** Thank patient for his/her time? | [ ]  [ ]  [ ]  |
| **20)** Offer confrontational warnings regarding drinking? | [ ]  [ ]  [ ]  |
| **21)** To what degree does the provider reflect patient’s motivational statements  regarding cutting down? *(please write # in box)* 1 2 3 4 5 6 7 not at all somewhat extensively | [ ]  |
| **22)** Re-direct non-motivational statements? *(please write # in box)* 1 2 3 4 5 6 7 not at all somewhatextensively *somewhat extensively* | *[ ]*  |

*INSTRUCTIONS: Please check either YES, NO, or N/A (not applicable), or score one number between 1 and 7, where applicable, for each of the following items.*