**Project ED Health BOOSTER**

**BNI Adherence & Competence Checklist**

*INSTRUCTIONS: Please check either YES, NO, or N/A (not applicable), or put a number, where applicable, for each of the following items*

|  |  |
| --- | --- |
| **Did the nurse…** | **YES NO N/A** |
| **1)** Identify herself/himself? | [ ]  [ ]  [ ]  |
| **2)** Was the study reviewed, including patients agreement in the ED to receive a  follow-up telephone call? | [ ]  [ ]  [ ]  |
| **3)** Did the nurse satisfactorily answer the patient’s questions about the study or the booster? | [ ]  [ ]  [ ]  |
| **4)** Did the study nurse attempt to trigger the patient’s memory regarding the study? | [ ]  [ ]  [ ]  |
| **5)** Did the nurse ask permission to proceed with the booster? | [ ]  [ ]  [ ]  |
| **6)** Did the patient agree to the call? | [ ]  [ ]  [ ]  |
| **7)** How willing, on a scale of 1-10, where 1 is not willing at all and 10 is totally willing, was the patient to have this call? |  [ ]   |
| **8)** Did the nurse offer to reschedule? | [ ]  [ ]  [ ]  |
| **9)** Was the call rescheduled? | [ ]  [ ]  [ ]  |
| **10)** What attempt at the booster was this call? | [ ]   |
| **11)** Was the current level (past week(s)) of drinking reviewed? | [ ]  [ ]  [ ]  |
| **12)** How much was the patient drinking per week? per binge occasion? | week [ ]  binge [ ]  |
| **13)** Did the patient make a drinking agreement in the ED? | [ ]  [ ]  [ ]  |
| **14)** Did the nurse ask to recall his/her drinking agreement made in the ED? | [ ]  [ ]  [ ]  |
| **15)** Did the patient recall the drinking agreement accurately? | [ ]  [ ]  [ ]  |
| **16)** Did the nurse review the drinking agreement made in the ED? | [ ]  [ ]  [ ]  |
| **17)** Did the patient achieve his/her drinking agreement? | [ ]  [ ]  [ ]  |
| **18)** Did the patient partially achieve his/her drinking agreement? | [ ]  [ ]  [ ]  |
| **19)** Was the drinking agreement made in the ED too difficult for the patient? | [ ]  [ ]  [ ]  |
| **20)** Did the patient achieve low-risk drinking at any point since the BNI in the ED? | [ ]  [ ]  [ ]  |
| **21)** Did the patient achieve low risk drinking in the week prior to the booster call? | [ ]  [ ]  [ ]  |
| **22)** Did the nurse review alcohol use reduction skills used by the patient? | [ ]  [ ]  [ ]  |
| **23**) Did the nurse review alcohol use reduction skills covered in Fleming’s Project  TREAT manual? | [ ]  [ ]  [ ]  |
| **24)** Did the nurse advise AND give rationale for the development of a newdrinking  agreement? | [ ]  [ ]  [ ]  |
| **25)** Was a new drinking agreement made**?** | [ ]  [ ]  [ ]  |
| **26)** What was it? [ ] / week [ ] /occasion |
| **27)** How many attempts at a new agreement were made? |  [ ]   |
| **28)** Did the nurse use BNI Step 4 Advise and Negotiate strategies? | [ ]  [ ]  [ ]  |
| **29)** Did the nurse use BNI step 3 Enhance Motivation strategies? | [ ]  [ ]  [ ]  |
| **30)** Did the nurse use BNI step2 Provide Feedback strategies? | [ ]  [ ]  [ ]  |
| **31**) Did the nurse summarize the booster session information? | [ ]  [ ]  [ ]  |
| **32)** Did the nurse ask if the patient had any questions? | [ ]  [ ]  [ ]  |
| **33)** Did the nurse satisfactorily answer the patient’s questions? | [ ]  [ ]  [ ]  |
| **34)** Was the importance of primary care follow-up reinforced? | [ ]  [ ]  [ ]  |

Project ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # Minutes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Booster Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rater #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RN Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Rated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_