To allow fast and simple data entry Alcohol BI consists of one screen only. The screen is broken down into four sections:

creening and BI		
Eligibility and inclusion for this enhat SIGN 74 presentation	nced service SIGN 74 list	
FAST Questionnaire 1. How often do you have eight (me Never (0) Less than 2. How often during the last year he had been drinking?	In) / six (women) or more units on one occasi monthly (1) O Monthly (2) O Weekly (3 ave you been unable to remember what happe	on? Daily or almost daily (4) aned the night before because you
Never (0) C Less than     A less than     Never (0) C Less than     Never (0) C Less than	monthly (1) Monthly (2) Weekly (3 ave you failed to do what was normally expect monthly (1) Monthly (2) Weekly (3	Daily or almost daily (4)     ted of you because of your drinking?     Daily or almost daily (4)
4. Has a relative or friend, or a doct cut down? O No (0) C Result:	or or other health worker been concerned ab ) Yes, but not in the last year (2) Record result	out your drinking or suggested you Ves, during the last year (4)
Screening details: Alcohol consumption (optional)	FAST screen completed Alcohol screening positive at other agency Alcohol screening declined / not required	i     ·     Offer Brief Intervention     ·     · No further action required
Brief Intervention details:	Brief Intervention completed Brief Intervention provided by other agency Brief Intervention declined / not required	

**SIGN 74 Presentation:** Recording that the patient was identified with a SIGN 74 presentation is required to include the patient in this enhanced service.

Eligibility and inclusion for this enh	anced service	
✓ SIGN 74 presentation  ☑ 👔	SIGN 74 list	

FAST Questionna	ire (have eight (men) (six (wor	nen) or more units		2
Never (0)	C Less than monthly (1)	Monthly (2)	Weekly (3)	· 🔘 Daily or almost daily (4)
2. How often during had been drinking?	the last year have you beer	n unable to rememi	ber what happene	d the night before because you
Never (0)	🔘 Less than monthly (1)	O Monthly (2)	Weekly (3)	<ul> <li>Daily or almost daily (4)</li> </ul>
3. How often during	the last year have you faile	d to do what was	normally expected	d of you because of your drinking?
Never (0)	🔘 Less than monthly (1)	O Monthly (2)	O Weekly (3)	<ul> <li>Daily or almost daily (4)</li> </ul>
4. Has a relative or	friend, or a doctor or other h	ealth worker been	concerned about	your drinking or suggested you
cut down? 🔘 No	(0) 🛛 🔿 Yes, but n	ot in the last year	(2) (2)	Yes, during the last year (4)
Result: 0-N	legative Record	Iresult		

**FAST Questionnaire:** This can be completed electronically here. Answering 'Weekly' or 'Daily' to the first question will immediately return a positive result and he remainder of the form will be greyed out. Clicking on the 'Record result' button will enter the result into the next section.

**Screening Details:** Record the appropriate screening option here. If you have already completed the electronic FAST, then the FAST screen will be ticked and the score entered – only this option will generate a screening

Screening details: FA:
 Alcohol consumption
 (optional)
 Alc

FAST screen completed	
Alcohol screening positive at other agency	- Offer Brief Intervention
Alcohol screening declined / not required	- No further action require

payment. There is also the 'Alcohol consumption' button to allow you to use the alcohol calculator to record consumption.

🧹 Brie	f Intervention details:	Brief Intervention completed	<b>V</b> 1
		Brief Intervention provided by other agency	<b>i</b>
		Brief Intervention declined / not required	

**Brief Intervention Details:** Record the appropriate BI option here. Only 'BI completed' will generate a BI payment.



