

## SEVERITY OF ALCOHOL DEPENDENCE QUESTIONNAIRE (SADQ)

Name:

D.O.B:

Age:

Please recall a typical period of heavy drinking in the last 6 months. When was this?

Month:

Year:

Please select a number (either 0, 1, 2, or 3) to show how often each of the following statements applied to you during this time.

| Questions   | Almost Never | Some times | Often | Nearly Always |
|---|--------------|------------|-------|---------------|
| I woke up feeling sweaty.   | 0            | 1          | 2     | 3             |
| My hands shook first thing in the morning.  | 0            | 1          | 2     | 3             |
| My whole body shook violently first thing in the morning.                             | 0            | 1          | 2     | 3             |
| I woke up absolutely drenched in sweat.   | 0            | 1          | 2     | 3             |
| I dreaded waking up in the morning.   | 0            | 1          | 2     | 3             |
| I was frightened of meeting people first thing in the morning.                        | 0            | 1          | 2     | 3             |
| I felt at the edge of despair when I awoke.   | 0            | 1          | 2     | 3             |
| I felt very frightened when I awoke.  | 0            | 1          | 2     | 3             |
| I liked to have a morning drink.  | 0            | 1          | 2     | 3             |
| I always gulped my first few morning drinks down as quickly as possible.              | 0            | 1          | 2     | 3             |
| I drank in the morning to get rid of the shakes.                                      | 0            | 1          | 2     | 3             |
| I had a very strong craving for a drink when I awoke.                                 | 0            | 1          | 2     | 3             |
| I drank more than 1/4 bottle of spirits a day (or 4 pints of beer/1 bottles of wine). | 0            | 1          | 2     | 3             |
| I drank more than 1/2 bottle of spirits a day (or 8 pints of beer/2 bottles of wine). | 0            | 1          | 2     | 3             |
| I drank more than 1 bottle of spirits a day (or 15 pints of beer/3 bottles of wine)   | 0            | 1          | 2     | 3             |
| I drank more than 2 bottles of spirits a day (or 30 pints of beer/4 bottles of wine). | 0            | 1          | 2     | 3             |

Imagine the following situation:

1. You have been **completely off drink for a few weeks.**
2. You then **drink very heavily for two days.**

How would you feel the **morning after** those two days of heavy drinking?

| Symptoms                       | Not at all | Slightly | Moderately | Quite a lot |
|--------------------------------|------------|----------|------------|-------------|
| I would start to sweat.        | 0          | 1        | 2          | 3           |
| My hands would shake.          | 0          | 1        | 2          | 3           |
| My body would shake.           | 0          | 1        | 2          | 3           |
| I would be craving for a drink | 0          | 1        | 2          | 3           |

### Severity of Alcohol Dependence Score

#### Total Score:

#### Interpretation:

- 0 - 7 Non-dependent
- 8 - 15 Mild dependence
- 16 - 30 Moderate dependence
- 31 - 60 Severe dependence

#### Significance:

**8-15: Mild dependence** – Counselling on “safe” limits of alcohol intake, monitoring of alcohol intake and alcohol related comorbidities. Regular health checks with GP. Brief interventions and counselling targeted at reducing intake.

**16-30: Moderate dependence** – A medicated detox programme is usually indicated for someone with a score over 16. Addiction In-home Recovery (AIR) can provide a safe in-home withdrawal plan and support to plan their aftercare and ongoing counselling with other services.

**31-60: Severe dependence** – A form of medicated detox will be clinically indicated with likely ongoing rehabilitation services as an in or outpatient. This will be discussed in aftercare planning should they choose our AIR detox programme. They may require in-patient facilities, this will be discussed in their pre-assessment with our medical team.