

UW ADAI Sound Data Source

TWEAK Test

Protocol Number: XXXXXXXX-XXXX

Participant #: _____ ^a	Name Code: _____ ^b	Visit #: _____ ^c
Form Completion Status: _____ ^d	Visit Date: _____/_____/_____ ^{f g h} m m d d y y y y	
1=CRF administered 2=Participant refused 3=Staff member did not administer 4=Not enough time to administer 5=No participant contact 6=Other (specify: _____) ^e		
Node #: _____ ⁱ	Site #: _____ ^j	

Do you drink alcoholic beverages? If you do, please take our "TWEAK" test.

T. Tolerance: How many drinks can you "hold"? _____¹
Record number of drinks on line at right.

W. Have close friends or relatives **Worried or Complained** about your drinking in the past year? Yes 1²
No 0

E. Eye-Opener: Do you sometimes take a drink in the morning when you first get up? Yes 1³
No 0

A. Amnesia (Blackouts): Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember? Yes 1⁴
No 0

K(C). Do you sometimes feel the need to **Cut Down** on your drinking? Yes 1⁵
No 0

Scoring:

To score the test, a seven-point scale is used. The tolerance question scores two points if a woman reports she can "hold" more than five drinks without passing out, and a positive response to the worry question scores two points. Each of the last three questions scores one point for positive responses. A total score of three or more points indicates the woman is likely to be a heavy/problem drinker.

Completed by (Staff #): _____	6
Reviewed by (Staff #): _____	7
Entered by (Staff #): _____	8