

College Health Intervention Projects



Creating a healthier lifestyle

Nutrition

Exercise

Social Patterns

Substance Use

Sleep

Study Habits



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Getting Started

The Workbook

Thank you for agreeing to participate in this research study to help health care providers do a better job working with students on health behaviors. We will be spending this session today talking about your current health behaviors. We will meet again in about a month to go over some of the things we have talked about and see how you are doing. One of the nurses or I will call you in 2 weeks and again in 8 weeks to see how things are going.

This two-part workbook will guide our discussion about health topics. Feel free to ask any questions that are important to you. The workbook focuses on a number of steps to help you change your health behaviors.

Let's start on the next page.....



Review of Your Current Health Habits

We'll talk more about the issues you discussed with the researcher during your initial interview in the clinic.

EXERCISE

Days per week of vigorous exercise: _____

Number of minutes per day of vigorous exercise: _____

NUTRITION

Weight: _____

Height: _____

BMI: _____

| BMI | HEALTH STATUS |
|-----------------|---------------|
| 18.5 or less | Underweight |
| 18.6 - 24.9 | Normal |
| 25.0 - 29.9 | Overweight |
| 30.0 or greater | Obese |

CONCERNS ABOUT WEIGHT:

Yes No

Adapted from www.consumer.gov

TOBACCO USE

Yes No

Number of days you used any tobacco in the past 30 days _____

Number of cigarettes smoked per day: _____

ALCOHOL USE

Family history of drinking problems: Yes No

Number of days in the past 28 you drank alcohol: _____

Number of standard drinks you had in the past 28 days: _____

Number of days you drank more than 5 drinks in one sitting in the past 28 days: _____

OTHER- SEE CLINICIAN INFORMATION SHEET

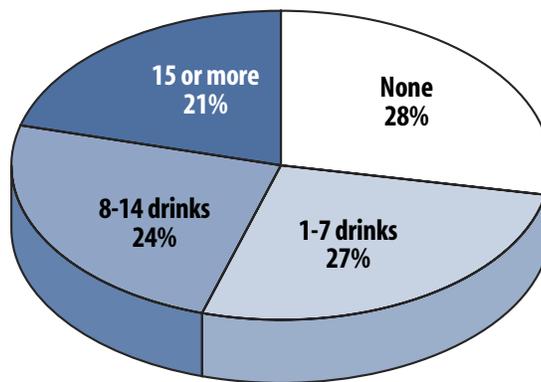
Are there any of these health issues we have touched on that you'd like to talk more about? **Today we are going to focus on alcohol use and your health.** For any other issues, let's schedule a follow-up visit for you so there will be enough time to discuss that issue. You would not be paid for that visit, however.

Levels of Alcohol Use in Young Adults

Use the charts below to compare your drinking to that of other 18 to 25 year-olds.*

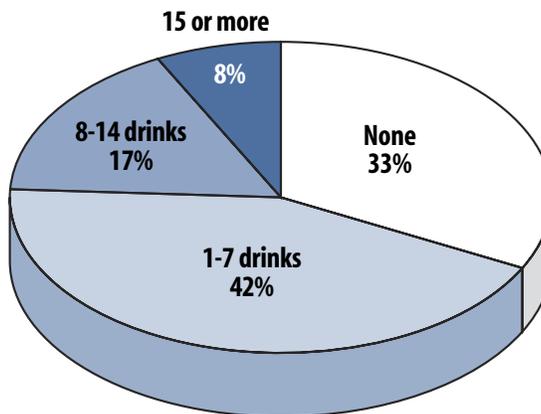
Number of Drinks Consumed per Week

MALES



Number of Drinks Consumed per Week

FEMALES



Grossberg PM, Brown DD, Fleming MF Brief Physician Advice for High Risk Drinking Among Young Adults. Ann Fam Med. 2004;2:474-480

*This is from a sample of 2,460 eighteen to twenty five year-olds coming in to see their primary care physician.

Thinking About Your Drinking Risks

Over 13,000 Americans aged 18-24 years died due to alcohol-related accidents in the United States in 1998 alone, about one-third due to motor vehicle crashes. A further 150,000 young adults were estimated to have health problems caused by alcohol (Hingson et al, Journal of Studies on Alcohol, 63: 136-144; 2002).

Here are some consequences from drinking that students reported on the 2001 Harvard School of Public Health National College Alcohol Survey (Wechsler et al, Journal of College Health, 50 (5): 203-217; 2002).

Please remember that all of your answers are confidential and will only be used for research, with no identifiers.

Student Reported Consequences of Drinking (national sample of 25,585 students)

{Check all that apply}

- 35.0% of students said they did something they regretted
- 29.0% of students said they drove after drinking alcohol
- 26.8% of students said they forgot where they were or what they did
- 22.9% of students said they argued with friends
- 21.6% of students said they fell behind in courses
- 21.3% of students said they had unplanned sex
- 10.4% of students said they had unprotected sex
- 12.8% of students said they got hurt or injured





Your Drinking Likes and Dislikes

*Now I'd like to know what you like and don't like about drinking.
Take a minute to think about the following questions.*

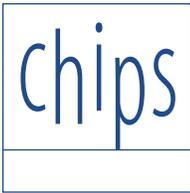
What do you usually drink? _____

What **DO** you like about drinking?

1. _____
2. _____
3. _____
4. _____
5. _____

What **DON'T** you like about drinking?

1. _____
2. _____
3. _____
4. _____
5. _____



Current Drinking and Consequences

We're going to spend a little time talking about blood alcohol levels, alcohol related calories and alcohol related costs, based on the answers you provided in your initial interview. These estimates are based on your report of drinking _____ drinks in that month.

Blood Alcohol Concentration (BAC): % Alcohol in your blood stream

Your highest BAC in the last 28 days was estimated to be _____

| BAC | TYPICAL EFFECTS |
|------------|---|
| 0.02% | Relaxed, reaction time goes down, buzz develops |
| 0.04% | Buzz and relaxation continues, reaction time slows further, clumsiness kicks in |
| 0.06% | Cognitive judgment impaired, less able to process information |
| 0.08% | Motor coordination decreases, exceeds legal driving limit in most states |
| 0.10% | Clear breakdown in judgment and coordination, visibly sloppy |
| 0.15-0.25% | High risk of blackouts and accidents |
| 0.25-0.35% | Can pass out, lose consciousness, risk of death |
| 0.40% | Lethal dose |

Alcohol Related Calories

We estimate that you consumed _____ calories in the past 28 days from drinks with alcohol.

That would be the equivalent of _____ cheeseburgers (average 330 calories each).

Alcohol Related Costs

| | |
|---------------------------------------|-------------------------------|
| ___ Standard Drink(s) in Last 28 days | \$_____ TOTAL (per month) |
| ___ Underage Drinking Ticket(s) | \$_____ TOTAL (past 6 months) |
| ___ DWI/OWI Ticket(s)* | \$_____ TOTAL (past 6 months) |
| ___ Fake ID Ticket(s) | \$_____ TOTAL (past 6 months) |

*DWI- Driving While Intoxicated OWI- Operating While Intoxicated

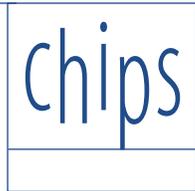


Life Goals and Alcohol Use

Let's take a few minutes to think about your goals and what you want to accomplish in the next few months and over the next few years. We will then talk about how alcohol may affect these goals.

| | |
|---|--|
| What would you want to accomplish over the next few MONTHS? | Would drinking at your current level make it EASIER OR HARDER for you to reach these goals? (circle) |
| | Easier No Effect Harder |
| 1. _____ | +1 0 -1 |
| 2. _____ | +1 0 -1 |
| 3. _____ | +1 0 -1 |
| 4. _____ | +1 0 -1 |
| 5. _____ | +1 0 -1 |

| | |
|--|--|
| What would you want to accomplish over the next few YEARS? | Would drinking at your current level make it EASIER OR HARDER for you to reach these goals? (circle) |
| | Easier No Effect Harder |
| 1. _____ | +1 0 -1 |
| 2. _____ | +1 0 -1 |
| 3. _____ | +1 0 -1 |
| 4. _____ | +1 0 -1 |
| 5. _____ | +1 0 -1 |



Tracking Cards

We have provided a set of drink tracking cards. These cards are a way of keeping track of how much you drink and when.

Use one card per week. Each day for the next four weeks, record the number of drinks you consume. At the end of the week, add up the total number of drinks you consumed during the week. While we know it is hard to record this information every day, please do your best to fill these out each day you drink.

We will review the tracking cards during your next visit.

Tracking Card

(Here is an example of what a tracking card looks like. The actual cards are located at the end of the workbook in a folder pocket.)

Keep a record of what you drink over the next 7 days

Date _____

| | Beer/Ale Malt Liquor 12 oz. | Mixed Drinks Hard Liquor (e.g. Vodka, Whiskey) 1.5 oz. | Wine 5 oz. | Wine Cooler 12 oz. | Liqueur (e.g. Amaretto, Kahlua) 4 oz. | TOTAL |
|---------------------|--------------------------------------|---|---------------|--------------------------|--|-------|
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |
| Week's TOTAL: _____ | | | | | | |



Take Home Sheets

(See 3 sheets inside the back cover of this booklet)

- 1) Identify Reasons to Make Drinking Changes**
- 2) Strategies for Success**
- 3) Alcohol and Decision-Making**

For Next Time

(1) One of the nurses or I will call you in two weeks to see how you're doing.

(2) Here's a checklist of things to do work on between now and your second visit:

- Review the drinking changes you have committed to in your plan
- Use the tracking cards to monitor your drinking every time
- Complete your "Take Home" forms
- Reward yourself
- Bring this workbook, the tracking cards, and your "Take Home" forms to your next visit. We'll send you email messages to remind you of your plan.

**Remember that you are trying to change your behavior and it can be hard work.
It becomes easier with time.**

People have days when they slip back into risky drinking patterns.

If that happens, don't give up!

Your next appointment is on:

Date _____ Time _____

Location _____

Name of Provider _____

Clinic Phone Number _____

Researcher Contact _____

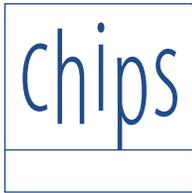


Second Visit

Thank you for coming in today. The purpose of this final visit is to talk about the successes and difficulties you have had since your initial visit. We will cover the following topics:

- Review Your Alcohol Use Since the Initial Visit
- Review Your "Take Home" sheets"
- Create a Long-Term Plan

Let's begin.....



Reviewing Your Drinking Since Your First Visit

Let's review the agreement that you made at your last visit

It looks like you agreed to drink (Clinician see page 8)

no more than ____ drinks per day,

no more than ____ days in the month.

Now lets look at your tracking cards and see how you did. If you didn't complete the tracking cards, let's complete them for the previous 4 weeks

Review of Strategies

Whether you were able to completely make your changes or not, it is likely that you encountered some difficult situations. Think about any strategies you used to keep yourself on track toward the changes you wanted to make. Let's write down the strategies that worked for you, as well as the ones that didn't.

What strategies WORKED for you?

What strategies DIDN'T WORK for you?

Reviewing Your “Take Home” Sheets

Hopefully thinking about your drinking gave you some fresh perspectives on how alcohol fits into your life. Did you have a chance to fill out the three “Take Home” sheets? If not let’s complete them now.

1) **Identify Reasons to Make Drinking Changes**

Let’s go over the 3 most important things you listed on the sheets.

2) **Strategies for Success**

Let’s go over the 3 most risky situations you listed on the sheets, and your strategies for dealing with them.

3) **Alcohol and Decision-making.**

Let’s go over the significant things that have happened with drinking.
What did you decide to do differently? What *will* you do?

Results from “Take Home” sheets may provide these answers

Let’s review whether any of the following have happened to you as a result of your drinking since your first visit:

- Did you do something you regretted?
- Did you drive after drinking alcohol?
- Did you forget where you were or what you did?
- Did you argue with friends?
- Did you fall behind in courses?
- Did you have unplanned sex?
- Did you have unprotected sex?
- Did you get hurt or injured?

How does this compare to what you reported at the initial visit? (See page 4)



Creating a Long-Term Action Plan

Now it is time for you to develop a long-term plan. We've talked about most of these issues either today or in your initial visit. As you fill out each section that follows, remember all your reasons to change and the benefits that will result from your hard work. Think back to your life goals.

Find Alternatives to Drinking

For many college students, drinking activities occupy a large part of the week. Even though you have committed to cutting down, you will still find yourself in social situations where your friends are drinking. You have many choices: you can choose to drink or NOT drink, you can choose NON-ALCOHOLIC DRINKS, or you can choose to AVOID situations where you may be tempted to drink too much. Take a moment to think about what alternative choices you have.

Choosing to Say "NO"

Finding a comfortable way to say "no" can be one of the most effective steps in changing your drinking. Some reasons you could use include:

- "No thanks, I'm driving."
- "I would rather have a soda."
- "I told my family I would cut down."
- "My doctor says I should drink less."
- "I've got way too much homework."
- "I'm training for an athletic event."

Think of some responses you can give if you are offered a drink

When people offer me a drink, I will say: _____



Reward Yourself

When we first met, we talked about how much time and money you spent drinking. When you cut down on your drinking you may not know what to do with the extra time, but just think about what you can do with the extra money!

With planning and practice, you can reward yourself. You can spend more time with friends and family, begin to exercise regularly, explore a new sport or activity, or spend time volunteering in your community. Boredom can become an unexpected problem—and a trigger for drinking. So, planning ahead is important.

Rewards can help you balance the feeling that you are depriving yourself of something. In fact, you are gaining something very important to you: your friends, your health, your academic goals, your work, your family, and your community.

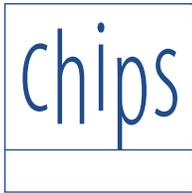
What would you do if you had MORE TIME?

What would you do if you had MORE MONEY?

Get Support

Enlist the support and encouragement of other people and groups. If you believe that the support of others would be helpful, ask someone you trust or find an established self-help support group. Some programs are available here on campus. Write the names of individuals or groups who can support you as you change your drinking habits.

Name _____ Phone _____ Email _____



Continue to Review Your Alcohol Use

In the coming weeks, please continue to record the drinks you consume on your tracking cards. This will help you to track how much and how often you drink. Do this as long as it is helpful.

You are well on your way to changing your drinking behavior. As you know, this takes some work. A health care provider from your clinic will call you in the next several weeks to offer encouragement and to see how you are doing.

If you have any questions about your participation in this research study, please contact the College Health Intervention Projects (CHIPs) at (608) 265-5670 or email chips@fammed.wisc.edu.

***Thank you for your help with this study.
Your involvement will help us improve patient care.***





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