Trial ID: 

Patient Status: Existing [ ] Re-entered [ ]

<table>
<thead>
<tr>
<th>Date: ____________________</th>
<th>Session Number: ______________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session duration (minutes): ______________</td>
<td>Session Type: HV [ ] Clinic [ ] Tel [ ]</td>
</tr>
<tr>
<td>Homework: [ ] Done [ ] Partially Done [ ] Not Done [ ] NA [ ]</td>
<td></td>
</tr>
</tbody>
</table>

SESSION NOTES
<table>
<thead>
<tr>
<th>Overall drinking status for follow up sessions</th>
<th>Stopped</th>
<th>Reduced</th>
<th>No change</th>
<th>Increased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinking Goal</td>
<td>Controlled Drinking</td>
<td>Abstinence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homework Given</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Challenges (related to social problems, treatment engagement, homework)</td>
<td></td>
<td>How did you handle it</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Next Appointment date: _______________________</td>
<td></td>
<td>Time: _____________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place: Home PHC Telephone</td>
<td></td>
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<tr>
<td>Was the SO present for the session: NO YES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, in which part of the treatment was the SO involved?</td>
<td>Setting the agenda Reviewing homework</td>
<td>Assessment of drinking Planning homework</td>
<td>Developing a change plan Any other (Please specify) ____________</td>
<td>Reviewing progress since the last session</td>
</tr>
<tr>
<td>Remarks:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counsellor’s signature:</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### HD SESSION CHECKLIST

**Trial ID:**

Complete this check-list at the end of each session

#### SESSION 1

- **Introduction**
- **Drinking goals**
- **Keeping things private**
- **Developing motivation for change**
- **Setting session plan**
- **Change Plan Worksheet**
- **Get to know patient**
- **Involvement of person close to the patient**
- **Introduce CAP**
- **Planning for emergencies**
- **AUDIT based Assessment**
- **Overcoming challenges**
- **Personalized Feedback**
- **Summarising**
- **Reasons and impact**
- **Setting next appointment date.**
- **Previous attempts**

#### SESSION 1 (abbreviated):

- **Introducing yourself**
- **Explaining about what we didn’t have time to talk about (Give patient booklet)**
- **Providing a brief description of the counselling**
- **Setting next session date**
- **Brief Personalised feedback based on AUDIT**
- **Completing documentation**

#### SESSION 2

- **Review progress**
- **Handling Emotions**
- **Setting session plan**
- **Handling cravings and drinking urges**
- **Work on target behaviour**
- **Planning for emergencies**
- **Review homework**
- **Plan for HW**
- **Problem solving**
- **Summarising**
- **Drink refusal skills**
- **Setting next appointment date**

#### SESSION 3 to SESSION 4

- **Review progress**
- **Handling cravings and drinking urges**
- **Setting session plan**
- **Lapse and relapse prevention**
- **Review homework**
- **Summary of all skills learnt & clarify information that is not clear**
- **Work on target Behaviour**
- **Prepare patient to use the skills across life situations**
- **Drink refusal skills**
- **Summarising**
- **Handling emotions**
- **Setting next appointment date (Session 3 only)**
- **Problem solving**

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**CHE - 3**