

## TWEAK

### BRIEF DESCRIPTION

TWEAK is a five-item scale developed originally to screen for risk drinking during pregnancy. It is an acronym for the questions below (Russell, 1994):

T—Tolerance\*—“How many drinks can you *hold*?”

W—Worried—“Have close friends or relatives worried or complained about your drinking in the past year?”

E—Eye-opener—“Do you sometimes take a drink in the morning when you first get up?”

A—Amnesia—stands for 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?”

K—K/Cut Down—“Do you sometimes feel the need to cut down on your drinking?”

### TARGET POPULATION

Adults

Adolescents

### ADMINISTRATIVE ISSUES

Number of items: 5

Number of subscales: 0

Format(s):  Pencil-and-paper self-administered

Interview

Observation

Computer self-administered

Other

Time required for administration: *Less than 2 minutes*

Administered by: *Self/health care worker/computer*

Training required for administration?  yes  no

\* An alternative version to the Tolerance-hold question is the Tolerance-high question: “How many drinks does it take to make you feel high?” However, only one of the tolerance questions is used, not both.

SCORING

Time required to score/interpret: *About 1 minute*

Scored by: *Health care worker*

Computerized scoring or interpretation available?  yes  no

Norms available?  yes  no

Instrument normed on subgroups?  yes  no

Which groups? *Black gravidas seen in an inner-city clinic in Detroit; male and female general population samples; male and female alcoholic inpatients, and male and female outpatients from the primary health and family care centers of a county medical center in Western New York State; male and female, Black, White, and Hispanic emergency room outpatients*

PSYCHOMETRICS

Have reliability studies been done?  yes  no

What measure(s) of reliability was used?

Test-retest

Split half

Internal consistency

Have validity studies been done?  yes  no

What measures of validity have been derived?

Content

Criterion (predictive, concurrent, "postdictive")

Construct

CLINICAL UTILITY OF INSTRUMENT

The TWEAK has been used to screen for periconceptional risk drinking among obstetric outpatients (Russell, et al., 1994, 1996). Screening for periconceptional risk drinking has the potential to improve pregnancy outcome among risk drinkers by targeting them for intervention to reduce their alcohol intake during pregnancy. Postpartum followup to prevent resumption of harmful drinking patterns will enhance women's ability to care for their newborns and prevent alcohol-related fetal damage in subsequent pregnancies.

TWEAK has also been used to screen for harmful drinking and a DSM-III-R diagnosis of alcohol abuse or dependence in samples of the general household population, outpatient samples, and hospital inpatients (Chan, et al., 1993) and in emergency room settings (see el-Guebaly, Armstrong, & Hodgins, 1998, for a review). It provides a quick and easy method of targeting outpatients and inpatients in need of more thorough assessments of their drinking patterns and alcohol-related problems to determine whether treatment for alcoholism is needed. Information on alcohol use may also be important in planning treatment for patients' other health needs. Feedback on harm revealed by the assessment has the potential to motivate patients to reduce their alcohol intake, either on their own or by accepting treatment (Miller, Sovereign, & Krege, 1988).

RESEARCH APPLICABILITY	<p>It would be appropriate to conduct further work on the psychometric properties of the instrument and its sensitivity and specificity with respect to various alcohol outcomes (risk drinking during pregnancy, harmful drinking, and alcohol abuse or dependence) in a wide range of populations, particularly those seen in community agencies with the capability to conduct followup assessments of individuals who score positively on the TWEAK, to conduct brief motivational counseling, and/or to refer individuals judged appropriate for alcohol treatment (Institute of Medicine, 1990). Eventually, the funding of research projects with long-term followup to evaluate the costs and benefits associated with such a program would be appropriate.</p>
SOURCE, COST AND COPYRIGHT ISSUES	<p>Copyright: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p> <p>Cost: <i>None</i></p> <p>Source: <i>Copies of the TWEAK and scoring instructions are available at no cost.</i>          Marcia Russell          Prevention Research Center          1995 University Avenue, Suite 450          Berkeley, CA 94704          Phone: 510-883-5703          E-mail: russell@prev.org</p>
SOURCE REFERENCE	<p>Russell, M. (1994). New assessment tools for drinking in pregnancy: T-ACE, TWEAK, and others. <i>Alcohol Health and Research World</i>, 18(1), 55-61.</p>
SUPPORTING REFERENCES	<p>Borges, G. &amp; Cherpitel, C.J. (2001). Selection of screening items for alcohol abuse and alcohol dependence among Mexicans and Mexican Americans in the emergency department. <i>Journal of Studies on Alcohol</i>, 62(3), 277-285.</p> <p>Cherpitel, C.J. &amp; Borges, G. (2000). Screening instruments for alcohol problems: A comparison of cut points between Mexican American and Mexican patients in the emergency room. <i>Substance Use &amp; Misuse</i>, 35(10), 1419-1430.</p> <p>Chung, T., Colby, S.M., Barnett, N.P., Rohsenow, D.J., Spirito, A. &amp; Monti, P.M. (2000). Screening adolescents for problem drinking: Performance of brief screens against DSM-IV alcohol diagnoses. <i>Journal of Studies on Alcohol</i>, 61(4), 579-587.</p> <p>Chang, G., Wilkins-Haug, L., Berman, S. &amp; Goetz, M.A. (1999). The TWEAK: Application in a prenatal setting. <i>Journal of Studies on Alcohol</i>, 60(3), 306-309.</p> <p>Cherpitel, C.J. (1999). Screening for alcohol problems in the U.S. general population: A comparison of the CAGE and TWEAK by gender, ethnicity, and services utilization. <i>Journal of Studies on Alcohol</i>, 60(5), 705-711.</p> <p>Cherpitel, C.J. (1998). Differences in performance of screening instruments for problem drinking among Blacks, Whites and Hispanics in an emergency room population. <i>Journal of Studies on Alcohol</i>, 59(4), 420-426.</p> <p>El-Guebaly, N., Armstrong, S.J. &amp; Hodgins, D.C. (1998). Substance abuse and the emergency room: Programmatic implications. <i>Journal of Addictive Diseases</i>, 17(2), 21-40.</p>