

What is your preferred language for communication? _____

How well do you speak English?

____ Very Well ____ Well ____ Not Well ____ Not at All ____ Refused

What is your gender?

____ Male ____ Transgender
____ Female ____ Other:

What is your race?

____ White ____ Black or African
____ Asian ____ American

SBIRT Initial Screen Scoring Guide:

- Tobacco Use:**
 - Answer of 'yes' = positive result
- Alcohol Use:**
 - Add the numbers associated with the corresponding answers for the 3 alcohol related questions
 - **Female patients and male patients over age 65: score of 7 or greater = positive**
 - **Male patients ages 65 and under score of 8 or greater = positive**
 - Positive scores need a secondary screening using AUDIT-10 (score transferred to top of AUDIT)
- Drug Use:**
 - Add the numbers associated with the corresponding answers for the 3 drug related questions
 - **For all patients: score of 1 or greater = positive**
 - Positive scores need a secondary screening using DAST-10 (score transferred to top of DAST-10)
- Depression:**
 - Add the numbers associated with the corresponding answers for the 2 depression related questions
 - **For all patients: score of 3 or greater = positive**
 - Positive scores need a secondary screening using PHQ 9 (score transferred to top of PHQ-9)

Do you use tobacco products? ____ Yes ____ No

In the last year, how often do you have a drink containing alcohol? (if you answer 'never' skip next two questions)	Never 0	Less than Monthly 1	Monthly 2	Weekly 3	2 - 3 times a week 4	4 - 6 times a week 5	Daily 6	If you NEVER use alcohol, please skip to the next set of questions. Otherwise, please answer all 3 questions.
In the last year, when you drink alcohol, how many drinks do you typically have on any given day? (By drink we mean a 12 oz beer, 1 shot of liquor, or 6 oz glass of wine)	1 Drink 1	2 Drinks 2	3 Drinks 3	4 Drinks 4	5 - 6 Drinks 5	7 - 8 Drinks 6	10 or More Daily 7	
In the last year, how often do you have 6 or more drinks on one occasion?	Never 0	Less than Monthly 1	Monthly 2	Weekly 3	2 - 3 times a week 4	4 - 6 times a week 5	Daily 6	
Have you used marijuana/ cannabis in the last year?	I have a medical marijuana card 0	Never 0	1 day a month or Less 0	2-3 days per month 0	1 day per week 1	Several days per week (2-4 days per week) 1	Daily or almost daily (5 to 7 days per wk) 1	
How often have you used prescription medications that were not prescribed to you?	Never 0	Monthly or Less 1	2-4 times per month 1	2-3 times per week 1	4 or more times per week 1			
How often have you taken your own prescription medication more than the way it was prescribed or for different reasons than its intended purpose?	Never 0	Monthly or Less 1	2-4 times per month 1	2-3 times per week 1	4 or more times per week 1			
Have you used other drugs in the past year (for example street heroin, salvia, inhalants, etc.)?	Never 0	Monthly or Less 1	2-4 times per month 1	2-3 times per week 1	4 or more times per week 1			

Over the past 2 weeks, how often have you been bothered by any of the following:

Little interest or pleasure in doing things?	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
Feeling down, depressed, or hopeless?	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3

Have you ever served in the Armed Forces, in the Reserves, or in the National Guard?

- No
- Yes, in the Armed Forces
- Yes, in the Reserves
- Yes, in the National Guard
- Refused
- Don't Know

Skip if Never Served: Are you currently on active duty in the Armed Forces, in the Reserves, or in the National Guard?

- No, Separated or Retired from the Armed Forces, Reserves, or National Guard
- Yes, in the Armed Forces
- Yes, in the Reserves
- Yes, in the National Guard
- Refused
- Don't Know

Skip if Never Served: Have you ever been deployed to a combat zone? (Check all that apply)

- Never Deployed
- Iraq or Afghanistan (e.g. OEF, OIF, OND)
- Persian Gulf (Operation Desert Shield/ Desert Storm)
- Vietnam/ Southeast Asia
- Deployed to a combat zone not listed above (e.g. Bosnia/Somalia)
- Korea
- WWII
- Refused
- Don't Know

Thank you for answering these questions! If you have completed this form within a year of today's date, please place an "X" here: _____