

SBIRT Secondary Screen		Alcohol Use Questionnaire		Self Report Form	
GPRA ID: _____ 0_0_ Today's Date: _____					
For Office Use Only (from Initial Screen):					<b>For office use only:</b>
<b>1 standard drink = 12 oz beer (5% alcohol), 5 oz glass of wine, or 1.5 oz liquor</b>					
<i>Choose and circle the response that is true for you.</i>					
<b>How often during the last year have you found that you were not able to stop drinking once you had started?</b>					
Never    Less than monthly    Monthly    Weekly    Daily or almost daily					
<b>How often during the last year have you failed to do what was normally expected from you because of drinking?</b>					
Never    Less than monthly    Monthly    Weekly    Daily or almost daily					
<b>How often during the last year have you been unable to remember what happened the night before because you had been drinking?</b>					
Never    Less than monthly    Monthly    Weekly    Daily or almost daily					
<b>How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking?</b>					
Never    Less than monthly    Monthly    Weekly    Daily or almost daily					
<b>How often during the last year have you had a feeling of guilt or remorse after drinking?</b>					
Never    Less than monthly    Monthly    Weekly    Daily or almost daily					
<b>Have you or someone else been injured as a result of your drinking?</b>					
No    Yes, not in last year    Yes, during last year					
<b>Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?</b>					
No    Yes, not in last year    Yes, during last year					
<b>For Office Use Only</b>				<b>TOTAL :</b>	
<b>Interpretation: 4-7 (M&lt;66) (Nothing); 7 (F or M 66+)/8 (M&lt;66) -15 AT RISK (BI); 16-24 Moderate AUD (BT); 25+ Severe AUD (RT)</b>					
<b>SBIRT CLASS</b>					
_____ * Brief Intervention conducted					PT REFUSED
_____ ** Brief Treatment plan of care made & scheduled _____					PT REFUSED
_____ ***Referral to Treatment : referral to provider made & assessment scheduled					PT REFUSED
<b>NEXT STEPS FOR DATA COLLECTION</b>					
BI * ---> [Complete BI Data Intake (GPRA B & A6)]			BT** or RT*** [Complete BT & RT Data Intake (GPRA B-H)]		