Screening, Brief Intervention, and Referral to Treatment (SBIRT): PART 1

Date of Visit: _____

Client Name: _____

Client DOB: _____

Home Visitor: _____

Agency Name: _____

Please answer "yes" or "no" to the following questions.

1. In the past 6 months, have you felt down, depressed or hopeless for more than a day at a time?	YES ☐	NO ☐
2. In the past 6 months, have you had 3 or more drinks containing alcohol on any one day? (if you do not use alcohol check here ☐)	YES ☐	NO ☐
3. In the past 6 months, have you used prescription medications more often than prescribed or that were not prescribed for you?	YES ☐	NO ☐
4. In the past 6 months, have you used drugs other than those required for medical reasons? (if you have not used non-medical drugs check here ☐)	YES ☐	NO ☐

Total number of "yes" answers: _____