



SBIRT: Part 2

Date of Visit: _____ **Client Name:** _____
Home Visitor: _____ **Client DOB:** _____
Agency Name: _____

*Instructions: Complete this form "only" when any questions on the SBIRT Part 1 form are answered "yes."
Record any referrals made in the external referral form.*

SBRIT Part 2	a. Tobacco	b. Alcoholic Beverages	c. Marijuana	d. Cocaine	e. Opioids	f. Sedative	g. Amphetamines	h. Hallucinogens	i. Inhalants	j. *Other, Specify
1. In your life, which of the following substance(s) have you ever used? →	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
2. In the <u>past three months</u> , how often have you used the substances you mentioned?										
NEVER	0	0	0	0	0	0	0	0	0	0
ONCE OR TWICE	2	2	2	2	2	2	2	2	2	2
MONTHLY	3	3	3	3	3	3	3	3	3	3
WEEKLY	4	4	4	4	4	4	4	4	4	4
DAILY OR ALMOST DAILY	6	6	6	6	6	6	6	6	6	6
3. In the <u>past 3 months</u> , how often have you had a strong desire or urge to use _____?										
NEVER	0	0	0	0	0	0	0	0	0	0
ONCE OR TWICE	3	3	3	3	3	3	3	3	3	3
MONTHLY	4	4	4	4	4	4	4	4	4	4
WEEKLY	5	5	5	5	5	5	5	5	5	5
DAILY OR ALMOST DAILY	6	6	6	6	6	6	6	6	6	6
4. In the <u>past 3 months</u> , how often has your use of _____ led to health, social, legal, or financial problems?										
NEVER	0	0	0	0	0	0	0	0	0	0
ONCE OR TWICE	4	4	4	4	4	4	4	4	4	4
MONTHLY	5	5	5	5	5	5	5	5	5	5
WEEKLY	6	6	6	6	6	6	6	6	6	6
DAILY OR ALMOST DAILY	7	7	7	7	7	7	7	7	7	7
5. In the <u>past 3 months</u> , how often have you failed to do what was normally expected of you because of your use of _____?										
NEVER	0	0	0	0	0	0	0	0	0	0
ONCE OR TWICE	5	5	5	5	5	5	5	5	5	5
MONTHLY	6	6	6	6	6	6	6	6	6	6
WEEKLY	7	7	7	7	7	7	7	7	7	7
DAILY OR ALMOST DAILY	8	8	8	8	8	8	8	8	8	8
6. Has a friend or relative or anyone ever expressed concern about your use of _____?										
NO, NEVER	0	0	0	0	0	0	0	0	0	0
YES, IN THE PAST 3 MONTHS	6	6	6	6	6	6	6	6	6	6
YES, BUT NOT IN THE PAST 3 MONTHS	3	3	3	3	3	3	3	3	3	3
7. Have you ever tried and failed to control, cut down, or stop using _____?										
NO, NEVER	0	0	0	0	0	0	0	0	0	0
YES, IN THE PAST 3 MONTHS	6	6	6	6	6	6	6	6	6	6
YES, BUT NOT IN THE PAST 3 MONTHS	3	3	3	3	3	3	3	3	3	3
TOTAL OF Q. 2 – 7 →	---	---	---	---	---	---	---	---	---	---
Total composite score:	Supplemental Question: Have you ever used any drug by injection? (circle) 0 = No 1 = Yes, but not in the past 3 months 2 = Yes, in the past 3 months						Specify "Other" drugs:			

Important Note:

Patients who have injected drugs in the last 3 months should be asked about their pattern of injecting during this period, to determine their risk levels and the best course of intervention.

Intervention guidelines for injecting:

Once weekly or less, or fewer than 3 days in a row: Brief Intervention including “risks associated with injecting” card.

More than once per week, or 3 or more days in a row: Further assessment and more intensive treatment.

The type of intervention is determined by the patient’s specific substance involvement score. See the chart below for guidance.

How to calculate a specific substance involvement score:

For each substance (labeled a. to j.) add up the scores received for questions 2 through 7, inclusive. Do not include the results from either Q1 or Q8 in this score.

For example, a score for marijuana would be calculated as: Q2c + Q3c + Q4c + Q5c + Q6c + Q7c.

Note that Q5 for tobacco is not coded, and is calculated as: Q2a + Q3a + Q4a + Q6a + Q7a

	Record specific substance score	No intervention	Receive brief intervention	More intensive intervention
a. tobacco		0-3	4-26	27+
b. alcohol		0-10	11-26	27+
c. marijuana		0-3	4-26	27+
d. cocaine		0-3	4-26	27+
e. opioids		0-3	4-26	27+
f. sedatives		0-3	4-26	27+
g. amphetamine		0-3	4-26	27+
h. hallucinogens		0-3	4-26	27+
i. inhalants		0-3	4-26	27+
j. other drugs		0-3	4-26	27+

Notes:
