Form 2-B

Six-Month Follow-Up for Brief Intervention (BI)*

Health Center:_____ **Site:**_____

Proxy Patient ID:_____ **Staff completing form:**_____

A. RECORD MANAGEMENT

Interview Type: Six-Month Follow-Up (BI)

Was the interview conducted?
- ○ **Yes** (complete Interview date below)
- ○ **No** (**Go directly to Section I**)

Interview Date |__|__| / |__|__| / |__|__|__|__|
Month Day Year

*__FORM 2-B__ is used to conduct interviews with clients who completed __FORM 2-A__ at Intake/Baseline.

A. BEHAVIORAL HEALTH DIAGNOSES

1. In the past 30 days, was this client diagnosed with an opioid use disorder?

○ Yes **(Go to 1a)** ○ No **(skip to 2)** ○ Don't know **(skip to 2)**

1a. In the past 30 days, which U.S. Food and Drug Administration (FDA)-approved medication did the client receive for the treatment of this opioid use disorder? [Check all that apply.]

- ○ Methadone — Specify how many days received |___|___|
- ○ Buprenorphine — Specify how many days received |___|___|
- ○ Naltrexone — Specify how many days received |___|___|
- ○ Extended-release naltrexone — Specify how many days received |___|___|
- ○ Client did not receive an FDA-approved medication for an opioid use disorder
- ○ Don't know

2. In the past 30 days, was this client diagnosed with an alcohol use disorder?

○ Yes **(Go to 2a)** ○ No **(skip to Section B)** ○ Don't know **(skip to Section B)**

2a. In the past 30 days, which FDA-approved medication did the client receive for the treatment of this alcohol use disorder? [Check all that apply.]

- ○ Naltrexone — Specify how many days received |___|___|
- ○ Extended-release naltrexone — Specify how many days received |___|___|
- ○ Disulfiram — Specify how many days received |___|___|
- ○ Acamprosate — Specify how many days received |___|___|
- ○ Client did not receive an FDA-approved medication for an alcohol use disorder
- ○ Don't know

B. DRUG AND ALCOHOL USE

B1. During the past 30 days, how many days have you:

		Number of Days	REFUSED	DON'T KNOW
a.	Had any alcohol **(If "0," skip to d.)**	|____|____|	○	○
b.	Had more than 5 alcoholic drinks in one sitting	|____|____|	○	○
c.	Had 4 or fewer alcholic drinks in one sitting and felt high	|____|____|	○	○
d.	Used Illegal drugs **(If "0," skip to B2)**	|____|____|	○	○
e.	Used **both** alcohol and drugs **on the same day**	|____|____|	○	○

B2 Key: Route of Administration 1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV
For more than one route, choose the most usual or severe. **RF = Refused** **DK = Don't Know**

B2. During the past 30 days, how many days have you used any of the following: (If used, also ask client about their most frequent Route of Administration (i.e., how they take the drug)

		Number of Days	RF	DK	Route	RF	DK
a.	**Cocaine/Crack**	|____|____|	○	○	|____|	○	○
b.	**Marijuana/Hashish** (Pot, Joints, Blunts, Chronic, Weed)	|____|____|	○	○	|____|	○	○
c.	**Opiates:**						
	1. Heroin (Smack, H, Junk, Skag)	|____|____|	○	○	|____|	○	○
	2. Morphine	|____|____|	○	○	|____|	○	○
	3. Dilaudid	|____|____|	○	○	|____|	○	○
	4. Demerol	|____|____|	○	○	|____|	○	○
	5. Percocet	|____|____|	○	○	|____|	○	○
	6. Darvon	|____|____|	○	○	|____|	○	○
	7. Codeine	|____|____|	○	○	|____|	○	○
	8. Tylenol 2, 3, 4	|____|____|	○	○	|____|	○	○
	9. OxyContin/Oxycodone	|____|____|	○	○	|____|	○	○
d.	**Non-prescription methadone**	|____|____|	○	○	|____|	○	○
e.	**Hallucinogens/psychedelics, PCP** (Angel Dust, Ozone, Wack, Rocket Fuel), **MDMA** (Ecstasy, XTC, X, Adam), **LSD** (Acid, Boomers, Yellow Sunshine), **Mushrooms, or Mescaline**	|____|____|	○	○	|____|	○	○
f.	**Methamphetamine or other amphetamines** (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)	|____|____|	○	○	|____|	○	○
g.	1. **Benzodiazepines**: Diazepam (**Valium**); Alprazolam (**Xanax**); Triazolam (Halcion); and Estasolam (Prosom and Rohypnol—also known as roofies, roche, and cope)	|____|____|	○	○	|____|	○	○
	2. **Barbiturates**: Mephobarbital (Mebacut) and pentobarbital sodium (Nembutal)	|____|____|	○	○	|____|	○	○

B. DRUG AND ALCOHOL USE (CONT.)

During the past 30 days, how many days have you used…	Number of Days	RF	DK	Route	RF	DK
3. **Non-prescription GHB** (known as Grievous Bodily Harm, Liquid Ecstasy, and Georgia Home Boy)	|____|____|	○	○	|____|	○	○
4. **Ketamine** (known as Special K or Vitamin K)	|____|____|	○	○	|____|	○	○
5. **Other tranquilizers, downers, sedatives, or hypnotics**	|____|____|	○	○	|____|	○	○
h. **Inhalants** (poppers, snappers, rush, whippets)	|____|____|	○	○	|____|	○	○
i. **Other illegal drugs** (Specify) _____	|____|____|	○	○	|____|	○	○

3. In the past 30 days, have you injected drugs?

- ○ YES **(Go to 4)**
- ○ NO (Skip to Section H)
- ○ REFUSED (Skip to Section H)
- ○ DON'T KNOW (Skip to Section H)

4. In the past 30 days, how often did you use a syringe/needle, cooker, cotton, or water that someone else used?

- ○ Always
- ○ More than half the time
- ○ Half the time
- ○ Less than half the time
- ○ Never
- ○ REFUSED
- ○ DON'T KNOW

H. PROGRAM-SPECIFIC QUESTIONS

1. Please indicate which type of funding was/will be used to pay for the SBIRT services provided to this client. [Check all that apply.]

- ○ Current SAMHSA grant funding
- ○ Other federal grant funding
- ○ State funding
- ○ Client's private insurance
- ○ Medicaid/Medicare
- ○ Other (Specify) _____
- ○ Don't know

2. Did the client receive the following types of services?

	Yes	No	Don't Know
Brief Intervention	○	○	○
Brief Treatment	○	○	○
Referral to Treatment	○	○	○

I. FOLLOW-UP STATUS

1. What is the follow-up status of the client?

- ○ Deceased at time of due date
- ○ Completed interview within specified window
- ○ Completed interview outside specified window
- ○ Located, but refused, unspecified
- ○ Located, but unable to gain institutional access
- ○ Located, but otherwise unable to gain access
- ○ Located, but withdrawn from project
- ○ Unable to locate, moved
- ○ Unable to locate, other (Specify) _____

2. Is the client still receiving SOS grant-funded services from your program?

- ○ Yes
- ○ No

Follow-Up Interview is Complete

1. Review Form for Completeness and Accuracy

2. Fax all 4 pages of this form to HQP's SOS program.

Fax number: 619-906-2479