

Intake for "Negative" Full-Screen AUDIT and/or DAST results*

Health Center: _____ Site: _____

Proxy Patient ID: _____ Staff completing form: _____

A. RECORD MANAGEMENT

Patient signed consent: ☐

Interview Date:

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Month Day Year

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)

- | | | | | |
|--|--------------------------------|---|--|--|
| <input type="radio"/> Methadone | Specify how many days received | <table border="1"><tr><td> </td><td> </td></tr></table> | | |
| | | | | |
| <input type="radio"/> Buprenorphine | Specify how many days received | <table border="1"><tr><td> </td><td> </td></tr></table> | | |
| | | | | |
| <input type="radio"/> Naltrexone | Specify how many days received | <table border="1"><tr><td> </td><td> </td></tr></table> | | |
| | | | | |
| <input type="radio"/> Extended-release naltrexone | Specify how many days received | <table border="1"><tr><td> </td><td> </td></tr></table> | | |
| | | | | |
| <input type="radio"/> Client did not receive an FDA-approved medication for an opioid use disorder | | | | |
| <input type="radio"/> 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 3)
- ☐ Don't know (Skip to 3)

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)

- | | | | | |
|---|--------------------------------|---|--|--|
| <input type="radio"/> Naltrexone | Specify how many days received | <table border="1"><tr><td> </td><td> </td></tr></table> | | |
| | | | | |
| <input type="radio"/> Extended-release naltrexone | Specify how many days received | <table border="1"><tr><td> </td><td> </td></tr></table> | | |
| | | | | |
| <input type="radio"/> Disulfiram | Specify how many days received | <table border="1"><tr><td> </td><td> </td></tr></table> | | |
| | | | | |
| <input type="radio"/> Acamprostate | Specify how many days received | <table border="1"><tr><td> </td><td> </td></tr></table> | | |
| | | | | |
| <input type="radio"/> Client did not receive an FDA-approved medication for an alcohol use disorder | | | | |
| <input type="radio"/> Don't know | | | | |

***Use FORM 1 for clients whose FULL-SCREEN results for AUDIT and/or DAST are NEGATIVE.
Use FORM 2 or FORM 3, as appropriate for all other clients.**

3. Was the client screened by your program for co-occurring mental health and substance use disorders?

☐ YES ☐ NO

4. How did the client screen for your SBIRT?

AUDIT = |____| |____| (negative score = 0 – 7)

DAST = |____| |____| (negative score = 0 – 2)

Other (CRAFT) = |____| |____| (negative score = 0)

A. DEMOGRAPHICS

1. What is your gender?

☐ MALE ☐ OTHER (SPECIFY) _____
☐ FEMALE ☐ REFUSED
☐ TRANSGENDER

2. Are you Hispanic or Latino?

☐ YES (go to 2a) ☐ NO (Skip to 3) ☐ REFUSED (Skip to 3)

2a. What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

	Yes	No	Refused
Central American	Y	N	REFUSED
Cuban	Y	N	REFUSED
Dominican	Y	N	REFUSED
Mexican	Y	N	REFUSED
Puerto Rican	Y	N	REFUSED
South American	Y	N	REFUSED
Other	Y	N	REFUSED Please Specify: _____

3. What is your race? Please answer yes or no for each of the following. You may say yes to more than one.

	Yes	No	Refused
Black or African American	Y	N	REFUSED
Asian	Y	N	REFUSED
Native Hawaiian or Other Pacific Islander	Y	N	REFUSED
Alaska Native	Y	N	REFUSED
White	Y	N	REFUSED
American Indian	Y	N	REFUSED

4. What is your date of birth?

|____| |____| / |____| |____| |____| |____| ☐ REFUSED

Month

Year

A. MILITARY FAMILY AND DEPLOYMENT

**5. Have you ever served in the Armed Forces, in the Reserves, or in the National Guard?
(If yes) In what area did you serve?**

- ☐ YES, IN THE ARMED FORCES (Ask 5a & 5b)
- ☐ YES, IN THE RESERVES (Ask 5a & 5b)
- ☐ YES, IN THE NATIONAL GUARD (Ask 5a & 5b)
- ☐ NO (Stop here)
- ☐ REFUSED (Stop here)
- ☐ DON'T KNOW (Stop here)

5a. Are you currently on active duty?

- ☐ 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

5b. Have you ever been deployed to a combat zone? [Check all that apply.]

- ☐ NO, NEVER DEPLOYED
- ☐ IRAQ OR AFGHANISTAN
- ☐ PERSIAN GULF
- ☐ VIETNAM/SOUTHEAST ASIA
- ☐ KOREA
- ☐ WWII
- ☐ DEPLOYED TO A COMBAT ZONE NOT LISTED ABOVE (E.G., BOSNIA/SOMALIA)
- ☐ REFUSED
- ☐ DON'T KNOW

Client Interview is Complete

1. Review Form for Completeness and Accuracy

2. Fax all 3 pages of this form to HQP's SOS program.

Fax number: **619-906-2479**