

INTAKE for Brief Intervention (BI)*

Health Center: _____ **Site:** _____

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

A. RECORD MANAGEMENT

Patient signed consent:

Interview Type: **INTAKE** for BI

Interview Date / /

Month Day Year

*Use **FORM 2-A** with clients whose full screening results for alcohol **and/or** drugs indicate Brief Intervention (BI) as the appropriate SBIRT treatment modality. Use FORM 1 or FORM 3-A, as appropriate, for all other clients.

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

INTAKE FORM 2-A

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

- ☐ YES (Go to 3a) ☐ NO (Skip to 4a)

3a. Did the client screen positive for co-occurring mental health and substance use disorders?

- ☐ YES ☐ NO

4. How did the client screen for your SBIRT?

- ☐ NEGATIVE
☒ POSITIVE

4a. What was his/her screening score? (Note: Screening scores must be within ranges indicated below for BI)

AUDIT = |____|____| (BI positive screening scores are 8 to 15)

DAST = |____|____| (BI positive screening scores are 3 to 5)

Other (CRAFT) = |____|____| (BI positive screening score is 1)

5. Was he/she willing to continue his/her participation in the SBIRT program?

- ☐ YES ☐ NO

A. DEMOGRAPHICS

1. What is your gender?

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

2. Are you Hispanic or Latino?

- ☐ YES (ask 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?

- | | |
|--|--|
| <input type="radio"/> YES, IN THE NATIONAL GUARD (ASK 5A AND 5B) | <input type="radio"/> NO (Skip to 6) |
| <input type="radio"/> YES, IN THE ARMED FORCES (ASK 5A AND 5B) | <input type="radio"/> REFUSED (Skip to 6) |
| <input type="radio"/> YES, IN THE RESERVES (ASK 5A AND 5B) | <input type="radio"/> DON'T KNOW (Skip to 6) |

5a. Are you currently on active duty?

- | | |
|--|--|
| <input type="radio"/> NO, SEPARATED OR RETIRED | <input type="radio"/> YES, IN THE NATIONAL GUARD |
| <input type="radio"/> YES, IN THE ARMED FORCES | <input type="radio"/> REFUSED |
| <input type="radio"/> YES, IN THE RESERVES | <input type="radio"/> DON'T KNOW |

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

- | | |
|--|--|
| <input type="radio"/> NEVER DEPLOYED | <input type="radio"/> WWII |
| <input type="radio"/> IRAQ OR AFGHANISTAN | <input type="radio"/> DEPLOYED TO A COMBAT ZONE NOT LISTED |
| <input type="radio"/> PERSIAN GULF | <input type="radio"/> REFUSED |
| <input type="radio"/> VIETNAM/SOUTHEAST ASIA | <input type="radio"/> DON'T KNOW |
| <input type="radio"/> KOREA | |

6. Is anyone in your family or someone close to you on active duty, separated, or retired from the Armed Forces, the Reserves, or the National Guard?

- | | |
|--|--|
| <input type="radio"/> YES, ONLY ONE | <input type="radio"/> NO (Skip to Section B) |
| <input type="radio"/> YES, MORE THAN ONE | <input type="radio"/> REFUSED (Skip to Section B) |
| | <input type="radio"/> DON'T KNOW (Skip to Section B) |

A. MILITARY FAMILY AND DEPLOYMENT (CONTINUED)

If Yes, What is the relationship of that Service Member to you? [Write up to six relationships in Column 1 below]

1 = Mother 2 = Father 3 = Brother 4 = Sister 5 = Spouse 6 = Partner 7 = Child 8 = Other (Specify) _____				
Ask 6a-6d for each service member listed below.	6a. Were they deployed in support of combat operations?	6b. Were they physically injured during combat operations	6c. Did they develop combat stress symptoms/difficulties adjusting following deployment, including PTSD, depression, or suicidal thoughts?	6d. Were they killed?
(1. Relationship)	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW
(2. Relationship)	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW
(3. Relationship)	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW
(4. Relationship)	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW
(5. Relationship)	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW
(6. Relationship)	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW

B. DRUG AND ALCOHOL USE

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

a. Had any alcohol (If "0," skip to d. If 1 or more, ask "of ____ days, how many days have you...")

b. Had more than 5 alcoholic drinks in one sitting

c. Had 4 or fewer alcoholic drinks in one sitting and felt high

Number
of Days

REFUSED DON'T KNOW

| |

| |

| |

b + c
cannot
be more
than a.

☐

☐

☐

☐

☐

☐

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

d. Used Illegal drugs (If "0," skip to B2. If 1 or more, ask "of ____ days, how many days have you...")

e. Used both alcohol and drugs on the same day

| |

| |

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☐

B. DRUG AND ALCOHOL USE (Continued)

B2 Key: Route of Administration 1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV injection
RF = Refused DK = Don't Know

B2. During the past 30 days, how many days have you used any ...? (ask for each drug listed below) (If used, also ask client about their most frequent Route of Administration or how they usually take the drug.)

	Number of Days	RF	DK	Route	RF	DK
a. Cocaine/Crack	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
b. Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed)	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
c. Opiates:						
1. Heroin (Smack, H, Junk, Skag)	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
2. Morphine	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
3. Dilaudid	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
4. Demerol	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
5. Percocet	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
6. Darvon	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
7. Codeine	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
8. Tylenol 2, 3, 4	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
9. OxyContin/Oxycodone	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
d. Non-prescription methadone	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
e. Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel), MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms, or Mescaline	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
f. Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
g. 1. Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax); Triazolam (Halcion); and Estazolam (Prosom and Rohypnol—also known as roofies, roche, and cope)	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
2. Barbiturates: Mephobarbital (Mebacut) and pentobarbital sodium (Nembutal)	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
3. Non-prescription GHB (known as Grievous Bodily Harm, Liquid Ecstasy, and Georgia Home Boy)	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
4. Ketamine (known as Special K or Vitamin K)	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
5. Other tranquilizers, downers, sedatives, or hypnotics	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
h. Inhalants (poppers, snappers, rush, whippets)	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
i. Other illegal drugs (Specify) _____	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>

B. DRUG AND ALCOHOL USE (Continued)

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

- ☐ YES (Ask 4)
 ☐ REFUSED (Skip to Recruitment Section)
 ☐ NO (Skip to Recruitment Section)
 ☐ DON'T KNOW (Skip to Recruitment Section)

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

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

**RECRUITMENT
FOR 6-MONTH FOLLOW-UP INTERVIEW**

SAMPLE SCRIPT

“Thank you for your responses. We are collecting this information as part of our participation in a SAMSHA-funded program. Your responses will be part of a large national dataset and will not include your name or other personally identifying information. Some patients will be randomly selected in about 6 months to participate in a follow-up survey. If selected, you will be asked the same survey questions again and receive [a \$30 gift card – or other incentive as determined by health center]. Would you like to participate if selected?”

☐ NO
 ☐ YES (Complete patient contact form. Collect several alternative contacts/methods. Inform patient that you will contact them if they are selected.)

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

2. Was the client assigned to the following types of services?

	Yes	No	Don't Know
Brief Intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brief Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral to Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

INTAKE FORM 2-A

Intake/Baseline Interview Complete

1. Review Form for Completeness and Accuracy
2. Fax all 6 pages of this form to HQP's SOS program to [619-906-2479](tel:619-906-2479).