

### Form 2-B CSAT GPRA

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

Hea	Ith Center:	Site:					
Prox	ky Patient ID:	Staff completing form:					
A.	RECORD MANAGEMENT						
Interv	view Type: Six-Month Follow-Up (BI)						
Was t	the interview conducted?  Yes (complete Inte No (Go directly to						
Interv	Month Day	Year					
	*FORM 2-B is used to conduct interviews wit	th clients who completed <b>FORM 2-A</b> at Intake/Baseline.					
A.	BEHAVIORAL HEALTH DIAGNOSES						
1. In	the past 30 days, was this client diagnosed with a	n opioid use disorder?					
С	Yes (Go to 1a) O No (skip to 2) O D	on't know (skip to 2)					
1:	a. In the past 30 days, which U.S. Food and Drug receive for the treatment of this opioid use dis	Administration (FDA)-approved medication did the client order? [Check all that apply.]					
С	Methadone	Specify how many days received   _	1				
С	Buprenorphine	Specify how many days received   _	i				
С	runti exorie	Specify how many days received   _	[				
0		Specify how many days received   _ on for an opioid use disorder	l				
2. Ir	the past 30 days, was this client diagnosed with a	n alcohol use disorder?					
C	•	O Don't know (skip to Section B)					
Ü	res (do to za)	Don't know (skip to section b)					
2	<ul> <li>In the past 30 days, which FDA-approved mediuse disorder? [Check all that apply.]</li> </ul>	cation did the client receive for the treatment of this alcoh	iol				
С	Naltrexone	Specify how many days received   _	I				
C		Specify how many days received   _					
С		Specify how many days received   _					
C		Specify how many days received   _					
C		on for an alconol use disorder					

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В.	DRUG AND ALCOHOL USE		
		Number	
D4 D	wing the west 20 days how were days have been	of Days	REFUSED DON'T KNOW
	ring the past 30 days, how many <u>days</u> have you:  Had any alcohol (If "0," skip to d. If 1 or more, ask "of days,		
۵.	how many days have you")	<sub> </sub>	0 0
	b. Had more than 5 alcoholic drinks in one sitting	b +	not O
	c. Had 4 or fewer alcholic drinks in one sitting and felt high		more O
	ring the past 30 days, how many <u>days</u> have you:		
d.	Used Illegal drugs (If "0," skip to B2. If 1 or more, ask "of days, how many days have you")	1 1 1	0 0
Δ.	Used <b>both</b> alcohol and drugs <b>on the same day</b>	 	0 0
c.	osea <u>both</u> alcohol and drugs <u>on the same day</u>	11	
	ey: Route of Administration 1. Oral 2. Nasal 3. Smoking 4. No	•	
For n	nore than one route, choose the most usual or severe.	RF = Refused	DK = Don't Know
B2. Du	ring the past 30 days, how many days have you used any of the f	following: (If used, als	so ask client about their
	ost 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)	0 0	1 100
C.	Opiates:	111 © ©	11 & &
c.	1. Heroin (Smack, H, Junk, Skag)	1 1 10 0	1 100
	2. Morphine		1 100
	·		11
	3. Dilaudid	_00	0 0
	4. Demerol		0 0
	5. Percocet		
	6. Darvon		
	7. Codeine		
	8. Tylenol 2, 3, 4		0 0
	9. OxyContin/Oxycodone		0 0'
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	00	1 100
£		III	11 \cup \cup \cup
f.	Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)	_0	
g.	1. Benzodiazepines: Diazepam (Valium); Alprazolam (Xanax);		
Ū	Triazolam (Halcion); and Estasolam (Prosom and Rohypnol—		
	also known as roofies, roche, and cope)		
	2. <b>Barbiturates</b> : Mephobarbital (Mebacut) and pentobarbital		
	sodium (Nembutal)		○ ○ Page <b>2</b> of <b>4</b>
			1 ugc 2 01 7

#### FOLLOW-UP FORM 2-B

В.		DR	UG AND ALCOP	IOL USE	(CON I	.)						
Du	ring	the	past 30 days, ho	w many	days ha	ave you used	Number of Days	RF	DK	Route	RF	DK
			Non-prescriptio	-		as Grievous Bodily Harm, oy)	ll	_  ○	0		0	0
	4. <b>Ketamine</b> (known as Special Ko			cial K o	or Vitamin K)		_  0	0		0	0	
		5.	Other tranquiliz	ers, dow	ners, s	edatives, or hypnotics		_  0	0		0	0
	h.	Inh	alants (poppers,	snappers	s, rush,	whippets)		_  0	0		0	0
	i.	Oth	ner illegal drugs (	Specify)			ll	_  ○	0		0	0
3.	In t	the p	oast 30 days, hav	e you inj	ected o	drugs?						
		0	YES (Go to 4) NO (Skip to Sect	ion H)	0							
4.	In t	the p	ast 30 days, hov	v often d	id you	use a syringe/needle, cook	ker, cotton, or	wate	r that so	meone else	use	d?
		$\circ$	Always More than half the Half the time Less than half the Never REFUSED DON'T KNOW									
н.		PR	OGRAM-SPECIF	IC QUES	STIONS							
1.			indicate which ty all that apply.]	pe of fu	nding v	vas/will be used to pay for	the SBIRT serv	vices	provide	d to this clie	nt.	
	000000	Oth Star Clie Me Oth	rent SAMHSA grant ner federal grant te funding ent's private insul dicaid/Medicare ner (Specify)	funding rance								
2.	Dic	l the	client receive th	e follow	ing typ	es of services?						
	Bri	ef Tr	tervention eatment I to Treatment	Yes O O	<b>No</b>	Don't Know  O O						

#### I. FOLLOW-UP STATUS

1.	What is the follow-up status of the client?					
	0	Deceased at time of due date				
	$\circ$	Completed interview within specified window				
	$\circ$	Completed interview outside specified window				
	$\circ$	Located, but refused, unspecified				
	0	Located, but unable to gain institutional access				
	$\circ$	Located, but otherwise unable to gain access				
	$\circ$	Located, but withdrawn from project				
	$\circ$	Unable to locate, moved				
	0	Unable to locate, other (Specify)				
2.	Is the client still receiving SOS grant-funded services from your program?					
	0	Yes				
	$\circ$	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