

B. DRUG AND ALCOHOL USE

	Number of Days	REFUSED	DON'T KNOW
B1. During the past 30 days, how many <u>days</u> have you:			
a. Had any alcohol (If "0," skip to d. If 1 or more, ask "of ___ days, how many days have you...")	_ _ _	<input type="radio"/>	<input type="radio"/>
b. Had more than 5 alcoholic drinks in one sitting	_ _ _	<input type="radio"/>	<input type="radio"/>
c. Had 4 or fewer alcoholic drinks in one sitting and felt high	_ _ _	<input type="radio"/>	<input type="radio"/>
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> b + c cannot be more than a. </div>			
B1. During 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...")	_ _ _	<input type="radio"/>	<input type="radio"/>
e. Used <u>both</u> alcohol and drugs <u>on the same day</u>	_ _ _	<input type="radio"/>	<input type="radio"/>

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

	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"/>

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)	__ __	<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"/>

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	<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"/>

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**