



**B. DRUG AND ALCOHOL USE**

	Number of Days	REFUSED	DON'T KNOW
<b>B1. During the past 30 days, how many <u>days</u> have you:</b>			
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>b + c cannot be more than a.</b> </div>			
<b>B1. During the past 30 days, how many <u>days</u> have you:</b>			
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 most severe. **RF = Refused DK = Don't Know**

**2. 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. <b>Cocaine/Crack</b>	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
b. <b>Marijuana/Hashish</b> (Pot, Joints, Blunts, Chronic, Weed)	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
c. <b>Opiates:</b>						
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. <b>Non-prescription methadone</b>	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
e. <b>Hallucinogens/psychedelics, PCP</b> (Angel Dust, Ozone, Wack, Rocket Fuel), <b>MDMA</b> (Ecstasy, XTC, X, Adam), <b>LSD</b> (Acid, Boomers, Yellow Sunshine), <b>Mushrooms, or Mescaline</b>	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
f. <b>Methamphetamine or other amphetamines</b> (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>
g. 1. <b>Benzodiazepines:</b> Diazepam ( <b>Valium</b> ); Alprazolam ( <b>Xanax</b> ); 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. <b>Barbiturates:</b> Mephobarbital (Mebacut) and pentobarbital sodium (Nembutal)	_ _ _	<input type="radio"/>	<input type="radio"/>	_ _	<input type="radio"/>	<input type="radio"/>

**B. DRUG AND ALCOHOL USE (Continued)**

During the past 30 days, how many days have you used...

	Number of Days	RF	DK	Route	RF	DK
3. <b>Non-prescription GHB</b> (known as Grievous Bodily Harm, Liquid Ecstasy, and Georgia Home Boy)	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
4. <b>Ketamine</b> (known as Special K or Vitamin K)	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
5. <b>Other tranquilizers, downers, sedatives, or hypnotics</b>	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
h. <b>Inhalants</b> (poppers, snappers, rush, whippets)	__ __	<input type="radio"/>	<input type="radio"/>	__	<input type="radio"/>	<input type="radio"/>
i. <b>Other illegal drugs</b> (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"/>

**J. DISCHARGE STATUS**

**1. On what date was the client discharged? (Note: This date may differ from the date of the Discharge Interview.)**

|\_\_|\_\_| / |\_\_|\_\_| / |\_\_|\_\_|\_\_|\_\_|  
 MONTH DAY YEAR

**J. DISCHARGE (CONTINUED)**

**2. What is the client’s discharge status?**

- Completion/Graduate **(Go to Section K)**
- Termination **(Complete 2a)**

**2a. If the client was terminated, what was the reason for termination? (Select only ONE response)**

- Left on own against staff advice with satisfactory progress
- Left on own against staff advice without satisfactory progress
- Involuntarily discharged due to nonparticipation
- Involuntarily discharged due to violation of rules
- Referred to another program or other services with satisfactory progress
- Referred to another program or other services with unsatisfactory progress
- Incarcerated due to offense committed while in treatment/recovery with satisfactory progress
- Incarcerated due to offense committed while in treatment/recovery with unsatisfactory progress
- Incarcerated due to old warrant or charged from before entering treatment/recovery with satisfactory progress
- Incarcerated due to old warrant or charged from before entering treatment/recovery with unsatisfactory progress
- Transferred to another facility for health reasons
- Death
- Other (Specify)

**K. SERVICES RECEIVED**

**1. Identify the number of SESSIONS provided to the client during the client’s course of treatment/recovery.**  
 (Select number of sessions for the treatment services provided (in addition to screening.)

<u>Treatment Services</u>	<u># of Sessions</u>		<u># of Sessions</u>
1. Screening	__ __  <u>1</u>	3. Brief Treatment	__ __ __
2. Brief Intervention	__ __ __	4. Referral to Treatment	__ __ __

**This completes the Discharge Interview**

- 1. Please Review Form for Completeness and Accuracy**
- 2. Fax all 4 pages of this form to HQP’s SOS program: 619-906-2479**