

INTAKE for Brief Treatment (BT) or Referral to Treatment (RT)*

Health Center: _____ Site: _____

Proxy Patient ID: _____ Staff completing form: _____

A. RECORD MANAGEMENT

Patient signed consent:

Interview Type: **INTAKE (for BT or RT)**

Interview Date

		/			/				
Month			Day			Year			

*Use **FORM 3-A** for clients whose full screening results (AUDIT and/or DAST) indicate **BT** or **RT** as the appropriate SBIRT treatment modality.

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)

- Methadone Specify how many days received

--	--
- Buprenorphine Specify how many days received

--	--
- Naltrexone Specify how many days received

--	--
- Extended-release naltrexone Specify how many days received

--	--
- Client did not receive an FDA-approved medication for an opioid use disorder
- 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)

- Naltrexone Specify how many days received

--	--
- Extended-release naltrexone Specify how many days received

--	--
- Disulfiram Specify how many days received

--	--
- Acamprosate Specify how many days received

--	--
- Client did not receive an FDA-approved medication for an alcohol use disorder
- Don't know

A. BEHAVIORAL HEALTH DIAGNOSES (Continued)

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 BT or RT)

AUDIT = |___| |___| (Scores for BT are 16 to 19)
(Scores for RT are 20 to 40)

DAST = |___| |___| (Scores for BT are 6 to 8)
(Scores for RT are 9 to 10)

Other (CRAFT) = |___| |___| (positive screening score for BT is 2)
(positive screening scores for RT are 3+)

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

- YES NO

A. PLANNED SERVICES

Treatment Services **Select only the Treatment Service that corresponds with the patient's highest screening score (not both)**

1. Brief Treatment YES NO
2. Referral to Treatment YES NO

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)

A. DEMOGRAPHICS (continued)

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 NATIONAL GUARD
- YES, IN THE ARMED FORCES
- YES, IN THE RESERVES
- NO (skip to 6)
- REFUSED (skip to 6)
- DON'T KNOW (skip to 6)

5a. Are you currently on active duty?

- YES, IN THE ARMED FORCES
- YES, IN THE RESERVES
- YES, IN THE NATIONAL GUARD
- NO (Separated or Retired)
- REFUSED
- DON'T KNOW

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

- 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

INTAKE FORM 3-A

A. MILITARY FAMILY AND DEPLOYMENT (continued)

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?

- YES, ONLY ONE
- YES, MORE THAN ONE
- NO **(Skip to Section B)**
- REFUSED **(Skip to Section B)**
- DON'T KNOW **(Skip to Section B)**

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.	<input type="radio"/>	<input type="radio"/>
_____ _____		<input type="radio"/>	<input type="radio"/>
_____ _____		<input type="radio"/>	<input type="radio"/>

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**

_____ _____	<input type="radio"/>	<input type="radio"/>
_____ _____	<input type="radio"/>	<input type="radio"/>

B. DRUG AND ALCOHOL USE (Continued)

B2 Key: Route of Administration 1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV
 Note the usual route. For more than one route, choose the most severe. **RF = Refused** **DK = Don't Know**

B2. 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. 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"/>

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

- YES (**Go to 4**) NO (**Skip to Section C**) REFUSED (**Skip to Section C**) DON'T KNOW (**Skip to Section C**)

B. DRUG AND ALCOHOL USE (Continued)

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

C. FAMILY AND LIVING CONDITIONS

1. In the past 30 days, where have you been living most of the time? (Do not read responses to client.)

- SHELTER
- STREET/OUTDOORS (sidewalk, doorway, park, public or abandoned building)
- INSTITUTION (hospital, nursing home, jail/prison)
- HOUSED (If housed, check appropriate subcategory):
 - OWN/RENT APARTMENT, ROOM, OR HOUSE
 - SOMEONE ELSE'S APARTMENT, ROOM, OR HOUSE
 - DORMITORY/COLLEGE RESIDENCE
 - HALFWAY HOUSE
 - RESIDENTIAL TREATMENT
 - OTHER HOUSED (SPECIFY) _____
 - DON'T KNOW
- REFUSED

2. How satisfied are you with the conditions of your living space?

- Very Dissatisfied
- Dissatisfied
- Neither Satisfied nor Dissatisfied
- Satisfied
- Very Satisfied
- REFUSED
- DON'T KNOW

3. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs?

- Not at all
- Somewhat
- Considerably
- Extremely
- REFUSED
- DON'T KNOW
- NOT APPLICABLE [Select only if client said they have not used any alcohol or drugs in B1a and B1d]

4. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities?

- Not at all
- Somewhat
- Considerably
- Extremely
- REFUSED
- DON'T KNOW
- NOT APPLICABLE [Select only if client said they have not used any alcohol or drugs in B1a and B1d]

5. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems?

- Not at all
- Somewhat
- Considerably
- Extremely
- REFUSED
- DON'T KNOW
- NOT APPLICABLE [Select only if client said they have not used any alcohol or drugs in B1a and B1d]

6. Are you currently pregnant? (If male, skip to 7)

- YES
- NO
- REFUSED
- DON'T KNOW

7. Do you have children?

- YES
- NO (Skip to Section D)
- REFUSED (Skip to Section D)
- DON'T KNOW (Skip to Section D)

C. FAMILY AND LIVING CONDITIONS (continued)

7a. How many children do you have?

|__|__| REFUSED DON'T KNOW

7b. Are any of your children living with someone else due to a child protection court order?

YES NO (Skip to 7d) REFUSED (Skip to 7d) DON'T KNOW (Skip to 7d)

7c. How many of your children are living with someone else due to a child protection court order?

[The number of children listed here cannot be more than listed in 7a above.]

|__|__| REFUSED DON'T KNOW

7d. Have you lost your parental rights for any of your children? (If yes) How many?

[The number of children listed here cannot be more than listed in 7a above.]

|__|__| REFUSED DON'T KNOW

D. EDUCATION, EMPLOYMENT, AND INCOME

1. Are you currently enrolled in school or a job training program? (If enrolled) Is that full time or part time?

- | | |
|---|---|
| <input type="radio"/> NOT ENROLLED | <input type="radio"/> OTHER (SPECIFY) _____ |
| <input type="radio"/> ENROLLED, FULL TIME | <input type="radio"/> REFUSED |
| <input type="radio"/> ENROLLED, PART TIME | <input type="radio"/> DON'T KNOW |

2. What is the highest level of education you have finished, whether or not you received a degree?

- | | |
|--------------------------------------|---|
| <input type="radio"/> NEVER ATTENDED | <input type="radio"/> 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT |
| <input type="radio"/> 1ST GRADE | <input type="radio"/> COLLEGE OR UNIVERSITY/1ST YEAR COMPLETED |
| <input type="radio"/> 2ND GRADE | <input type="radio"/> COLLEGE OR UNIVERSITY/2ND YEAR COMPLETED/ASSOCIATES DEGREE (AA, AS) |
| <input type="radio"/> 3RD GRADE | <input type="radio"/> COLLEGE OR UNIVERSITY/3RD YEAR COMPLETED |
| <input type="radio"/> 4TH GRADE | <input type="radio"/> BACHELOR'S DEGREE (BA, BS) OR HIGHER |
| <input type="radio"/> 5TH GRADE | <input type="radio"/> VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA |
| <input type="radio"/> 6TH GRADE | <input type="radio"/> VOC/TECH DIPLOMA AFTER HIGH SCHOOL |
| <input type="radio"/> 7TH GRADE | <input type="radio"/> REFUSED |
| <input type="radio"/> 8TH GRADE | <input type="radio"/> DON'T KNOW |
| <input type="radio"/> 9TH GRADE | |
| <input type="radio"/> 10TH GRADE | |
| <input type="radio"/> 11TH GRADE | |

3. Are you currently employed?

- | | |
|--|--|
| <input type="radio"/> EMPLOYED, FULL TIME (35+ HOURS PER WEEK, OR WOULD HAVE BEEN) | <input type="radio"/> UNEMPLOYED, VOLUNTEER WORK |
| <input type="radio"/> EMPLOYED, PART TIME | <input type="radio"/> UNEMPLOYED, RETIRED |
| <input type="radio"/> UNEMPLOYED, LOOKING FOR WORK | <input type="radio"/> UNEMPLOYED, NOT LOOKING FOR WORK |
| <input type="radio"/> UNEMPLOYED, DISABLED | <input type="radio"/> OTHER (SPECIFY) _____ |
| | <input type="radio"/> REFUSED |
| | <input type="radio"/> DON'T KNOW |

D. EDUCATION, EMPLOYMENT, AND INCOME (Continued)

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from...

		Refused	Don't Know
a. Wages	\$ __ __ __ , __ __ __	<input type="radio"/>	<input type="radio"/>
b. Public assistance	\$ __ __ __ , __ __ __	<input type="radio"/>	<input type="radio"/>
c. Retirement	\$ __ __ __ , __ __ __	<input type="radio"/>	<input type="radio"/>
d. Disability	\$ __ __ __ , __ __ __	<input type="radio"/>	<input type="radio"/>
e. Non-legal income	\$ __ __ __ , __ __ __	<input type="radio"/>	<input type="radio"/>
f. Family and/or friends	\$ __ __ __ , __ __ __	<input type="radio"/>	<input type="radio"/>
g. Other (Specify)	\$ __ __ __ , __ __ __	<input type="radio"/>	<input type="radio"/>

Please Specify: _____

5. Do you have enough money to meet your needs?

- Not at all Mostly REFUSED
- A little Completely DON'T KNOW
- Moderately

E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested?

|_____| Times (If "0" skip to E-3) Refused Don't know

2. In the past 30 days, how many times have you been arrested for drug-related offenses?

[The answer cannot be more than the number of arrests provided in E1.]

|_____| Times Refused Don't know

3. In the past 30 days, how many nights have you spent in jail/prison?

|_____| NIGHTS REFUSED DON'T KNOW

4. In the past 30 days, how many times have you committed a crime? **(Cross-check this response with B1-d (p.4). The number here should be the same or more than B1-d because using illegal drugs is a crime.)**

|_____| TIMES REFUSED DON'T KNOW

5. Are you currently awaiting charges, trial, or sentencing?

- YES NO REFUSED DON'T KNOW

6. Are you currently on parole or probation?

- YES NO REFUSED DON'T KNOW

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY

1. How would you rate your overall health right now?

- | | |
|---------------------------------|----------------------------------|
| <input type="radio"/> Excellent | <input type="radio"/> Poor |
| <input type="radio"/> Very good | <input type="radio"/> REFUSED |
| <input type="radio"/> Good | <input type="radio"/> DON'T KNOW |
| <input type="radio"/> Fair | |

2. a. During the past 30 days, did you receive **Inpatient Treatment** for:

	YES	If "Yes," for how many nights?	NO	RF	DK
a-i. Physical complaint	<input type="radio"/>	_____ nights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a-ii. Mental or emotional difficulties	<input type="radio"/>	_____ nights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a-iii. Alcohol or substance abuse	<input type="radio"/>	_____ nights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. During the past 30 days, did you receive **Outpatient Treatment** for:

	YES	If "Yes," for how many times	NO	RF	DK
b-i. Physical complaint	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b-ii. Mental or emotional difficulties	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b-iii. Alcohol or substance abuse	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c. During the past 30 days, did you receive **Emergency Room Treatment** for:

	YES	If "Yes," for how many times	NO	RF	DK
c-i. Physical complaint	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c-ii. Mental or emotional difficulties	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c-iii. Alcohol or substance abuse	<input type="radio"/>	_____ times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. During the past 30 days, did you engage in sexual activity?

- | | |
|---|---|
| <input type="radio"/> YES [Go to 3a] | <input type="radio"/> NOT PERMITTED TO ASK [Skip to 4] |
| <input type="radio"/> NO [Skip to 4] | <input type="radio"/> REFUSED [Skip to 4] |
| | <input type="radio"/> DON'T KNOW [Skip to 4] |

	# of Contacts	RF	DK
3a. How many times in the past 30 days did you have sexual contacts (example: vaginal, oral, or anal)?	__ __ __	<input type="radio"/>	<input type="radio"/>
3b. How many times in the past 30 days did you have unprotected sexual contacts? (If "0" skip to 4)	__ __ __	<input type="radio"/>	<input type="radio"/>
3c. How many times in the past 30 days did you have unprotected sexual contacts with an individual who is or was:			
1. HIV positive or has AIDS	__ __ __	<input type="radio"/>	<input type="radio"/>
2. An injection drug user	__ __ __	<input type="radio"/>	<input type="radio"/>
3. High on some substance	__ __ __	<input type="radio"/>	<input type="radio"/>

INTAKE FORM 3-A

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY (Continued)

4. Have you ever been tested for HIV?

- Yes(Go to 4a)
- No(Skip to 5)
- REFUSED.....(Skip to 5)
- DON'T KNOW(Skip to 5)

4a. **Do not tell me your results**, but do YOU know the results of your HIV testing?

- Yes
- No

5. How would you rate your quality of life?

- Very poor
- Poor
- Neither poor nor good
- Good
- Very Good
- DON'T KNOW
- REFUSED

6. How satisfied are you with your health?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied
- REFUSED
- DON'T KNOW

7. Do you have enough energy for everyday life?

- Not at all
- A little
- Moderately
- Mostly
- Completely
- REFUSED
- DON'T KNOW

8. How satisfied are you with your ability to perform your daily activities?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied
- REFUSED
- DON'T KNOW

9. How satisfied are you with yourself?

- Very Dissatisfied
- Dissatisfied
- Neither Satisfied nor Dissatisfied
- Satisfied
- Very Satisfied
- REFUSED
- DON'T KNOW

10. In the past 30 days, **NOT** due to your use of alcohol or drugs, how many days have you:

	Days	RF	DK
a. Experienced serious depression	_____	<input type="radio"/>	<input type="radio"/>
b. Experienced serious anxiety or tension	_____	<input type="radio"/>	<input type="radio"/>
c. Experienced hallucinations	_____	<input type="radio"/>	<input type="radio"/>
d. Experienced trouble understanding, concentrating, or remembering	_____	<input type="radio"/>	<input type="radio"/>
e. Experienced trouble controlling violent behavior	_____	<input type="radio"/>	<input type="radio"/>
f. Attempted suicide	_____	<input type="radio"/>	<input type="radio"/>
g. Been prescribed medication for psychological/emotional problem	_____	<input type="radio"/>	<input type="radio"/>

[If client reports "0" days, refuses, or doesn't know to all items in F10, skip to F12.]

INTAKE FORM 3-A

11. How much have you been bothered by these psychological or emotional problems in the past 30 days?

- | | |
|------------------------------------|----------------------------------|
| <input type="radio"/> Not at all | <input type="radio"/> Extremely |
| <input type="radio"/> Slightly | <input type="radio"/> REFUSED |
| <input type="radio"/> Moderately | <input type="radio"/> DON'T KNOW |
| <input type="radio"/> Considerably | |

F. VIOLENCE AND TRAUMA

12. Have you ever experienced violence or trauma in any setting? (Examples include at school, domestic violence; physical, psychological, or sexual maltreatment/assault within family or elsewhere; natural disaster; terrorism; neglect; or traumatic grief.)

- | | |
|---------------------------------------|---|
| <input type="radio"/> YES | <input type="radio"/> REFUSED (Skip to 13) |
| <input type="radio"/> NO (Skip to 13) | <input type="radio"/> DON'T KNOW (Skip to 13) |

Did any of these experiences feel so frightening, horrible, or upsetting that, in the past and/or the present, you:

12a. Have had nightmares about it or thought about it when you did not want to?

- YES NO REFUSED DON'T KNOW

12b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

- YES NO REFUSED DON'T KNOW

12c. Were constantly on guard, watchful, or easily startled?

- YES NO REFUSED DON'T KNOW

12d. Felt numb and detached from others, activities, or your surroundings?

- YES NO REFUSED DON'T KNOW

13. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?

- | | |
|---|----------------------------------|
| <input type="radio"/> Never | <input type="radio"/> REFUSED |
| <input type="radio"/> A few times | <input type="radio"/> DON'T KNOW |
| <input type="radio"/> More than a few times | |

G. SOCIAL CONNECTEDNESS

1. In the past 30 days, did you attend any voluntary "secular" self-help groups for recovery that were not affiliated with a religious or faith-based organization? (examples include: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.)

- | | | | |
|---------------------------|-------------------------|-------|----------------------------------|
| <input type="radio"/> YES | (If yes) HOW MANY TIMES | _____ | <input type="radio"/> REFUSED |
| <input type="radio"/> NO | | | <input type="radio"/> DON'T KNOW |

2. In the past 30 days, did you attend any religious/faith-affiliated recovery self-help groups?

- | | | | |
|---------------------------|-------------------------|-------|----------------------------------|
| <input type="radio"/> YES | (If yes) HOW MANY TIMES | _____ | <input type="radio"/> REFUSED |
| <input type="radio"/> NO | | | <input type="radio"/> DON'T KNOW |

G. SOCIAL CONNECTEDNESS (Continued)

3. In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?

- YES (If yes) HOW MANY TIMES | _____ | REFUSED
 NO DON'T KNOW

4. In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?

- YES NO REFUSED DON'T KNOW

5. To whom do you turn when you are having trouble? (Select only one)

- NO ONE REFUSED
 CLERGY MEMBER DON'T KNOW
 FAMILY MEMBER OTHER (SPECIFY) _____
 FRIENDS

6. How satisfied are you with your personal relationships?

- Very Dissatisfied Satisfied
 Dissatisfied Very Satisfied
 Neither Satisfied nor Dissatisfied REFUSED
 DON'T KNOW

RECRUITMENT FOR 6-MONTH FOLLOW-UP INTERVIEW

SAMPLE SCRIPT:

“Thank you for your responses. This information is collected 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. Some patients will be randomly selected to participate in a follow-up survey in 6-months. If selected, you will be asked the same survey questions and receive **[a \$30 gift card – or other incentive as determined by health center]**. Would you like to participate, if selected?”

- NO
 YES (Complete contact form. Obtain several alternative contacts/methods and let patient know that you will contact them if they are selected.)

This completes the [patient interview](#) portion of the Intake Interview.
 Staff – please complete [Section H](#)

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. If the client screened positive for substance misuse or a substance use disorder, 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"/>

This completes the Intake Interview.

1. Review Form for Completeness and Accuracy
2. Fax all pages of this form to HQP's SOS program

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