

FIDELITY CHECKLIST

Interventionist
 Rater
 Date

Motivational Interviewing Tasks <small>(Indicate whether therapist completes each task.)</small>				NOTES
SCREENING	State: In health settings, we commonly talk with patients/clients about alcohol and drug use.	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	These conversations are confidential except in cases where you share that you pose a threat to yourself or to others or if others are hurting you.	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Would it be all right if we spend a few minutes talking about alcohol and drug use?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Prescreen: Do you sometimes drink beer, wine, or other alcoholic beverages? <i>(If NO, alcohol screening is complete. Continue to Drug Screening.)</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Gives standard drink description (12oz beer, 5oz wine, 1.5oz 80 proof liquor)	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Alcohol Screen: How many times in the past year have you had 5 (4 for women) or more drinks in a day?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Drug Screen: Now let's focus on your drug use. How many times in the past year have you used marijuana, other drugs, or a prescription medication for non-medical reasons?	<input type="checkbox"/> yes	<input type="checkbox"/> no	

For patients drinking within recommended limits, advise they continue to stay within these limits:		<input type="checkbox"/> NA		NOTES	
NEGATIVE SCREEN	Based on your responses, your drinking / drug use falls under recommended limits. I recommend you stay within these limits, which are..."	<input type="checkbox"/> yes	<input type="checkbox"/> no		
	For healthy men up to age 65 ~ no more than 4 drinks in a day AND no more than 14 drinks in a week. OR For healthy women (and healthy men over age 65) ~ no more than 3 drinks in a day AND no more than 7 drinks in a week.	<input type="checkbox"/> yes	<input type="checkbox"/> no		
	For pregnant women ~ NO alcohol consumption.	<input type="checkbox"/> NA	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	For those who with chronic medical conditions or who take medications that may interact with alcohol ~ consult a healthcare provider to discuss recommended limits.	<input type="checkbox"/> yes	<input type="checkbox"/> no		
	INVITE: Keep in mind that we are here and open to talking about alcohol or any (related health) concerns that may arise in the future. (End of alcohol screening.)	<input type="checkbox"/> yes	<input type="checkbox"/> no		
Recommended	For patients not using drugs, advise they continue to stay within these limits:	<input type="checkbox"/> NA		NOTES	
	I'm glad to hear that you are not using illegal drugs or prescription drugs for non-medical reasons. I recommend you continue to refrain from using drugs for non-medical reasons. <i>(End of drug screening.)</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no		

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ASSESS ALCOHOL		NA		NOTES
ASSESSMENT	STATE: Could you tell me a little more about your drinking patterns?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Reflect answer to "could you tell me more about your drinking patterns?"	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	On average how many days a week do you have an alcoholic drink?	<input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no	
	REFLECT	<input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no	
	On a typical drinking day, how many drinks do you have?	<input type="checkbox"/> yes <input type="checkbox"/> no		
	REFLECT	<input type="checkbox"/> yes <input type="checkbox"/> no		
	Assess for Substance Use Disorder (SUD) ~ Ask permission and ask more questions that help us pinpoint.	<input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no	
	Assess for SUD ~ (Hazardous Use) "In the past year, have you sometimes been under the influence of alcohol in situations where you could have caused an accident or gotten hurt?"	<input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no	
	If needed, assess for SUD ~ (Using more than intended) In the past year, have there often been times when you had a lot more to drink than you intended to have?	<input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no	
	Assess AUD further if either of the last 2 questions was positive, NA if last two questions were negative	<input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no	
<ul style="list-style-type: none"> o Physical or psychological consequences o Gave up other meaningful activities o Spent much time using, procuring, recovering o Repeated failed attempts to quit/control use o Tolerance o Withdrawal o Craving o Role failure o Relationship trouble 				
<p>Mild 2-3 Criteria Moderate 4-5 Criteria Severe 6+ Criteria</p>				

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ASSESS DRUGS		NA		NOTES
ASSESSMENT	STATE: Could you tell me a little more about your drug use patterns?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	Reflect answer to "could you tell me more about your drug use patterns?"	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	If needed, assess other specific topics – Which prescription medications or drugs have you used? On a typical day, how often do you use? How much do you use? Could you tell me about the last time you used?	<input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no	
	REFLECT	<input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no	
	Ask "Thinking about the past year, how has using drugs impacted your functioning?"	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	REFLECT	<input type="checkbox"/> yes	<input type="checkbox"/> no	
	If needed, assess for Substance Use Disorder (SUD) ~ Ask permission and ask more questions that help us pinpoint.	<input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no	
	Assess for SUD ~ (Hazardous Use) "In the past year, have you sometimes been under the influence of drugs in situations where you could have caused an accident or gotten hurt?"	<input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no	
	Assess for SUD ~ (Using more than intended) In the past year, have there often been times when you used drugs more than you intended to have?	<input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no	
	Assess AUD further if either of the last 2 questions was positive, NA if last two questions were negative <div> <input type="checkbox"/> Physical or psychological consequences <input type="checkbox"/> Tolerance <input type="checkbox"/> Role failure </div> <div> <input type="checkbox"/> Gave up other meaningful activities <input type="checkbox"/> Withdrawal <input type="checkbox"/> Relationship trouble </div> <div> <input type="checkbox"/> Spent much time using, procuring, recovering <input type="checkbox"/> Craving </div> <input type="checkbox"/> Repeated failed attempts to quit/control use <div> Mild 2-3 Criteria Moderate 4-5 Criteria Severe 6+ Criteria </div>	<input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no	

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FEEDBACK	Risky or Mild AUD or SUD	NA		AUD or SUD Positive	NA	
	SUMMARIZE assessment.	<input type="checkbox"/> yes	<input type="checkbox"/> no	SUMMARIZE assessment.	<input type="checkbox"/> yes	<input type="checkbox"/> no
	STATE: Thanks for taking the time to talk with me about your alcohol/drug use. Would it be all right if I share some information about the health effects of alcohol/drug use?	<input type="checkbox"/> yes	<input type="checkbox"/> no	STATE: Thanks for taking the time to talk with me about your alcohol/drug use. Would it be all right if I share some information about the health effects of alcohol/drug use?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	ASK: What do you know about recommended drinking limits and risks of alcohol use?	<input type="checkbox"/> yes	<input type="checkbox"/> no	ASK: What are your thoughts about how a trained professional (doctor, nurse, social worker) might describe you in terms of your alcohol / drug use?"	<input type="checkbox"/> yes	<input type="checkbox"/> no
	REFLECT	<input type="checkbox"/> yes	<input type="checkbox"/> no	REFLECT	<input type="checkbox"/> yes	<input type="checkbox"/> no
	"Would it be all right if I shared some additional information with you about alcohol / drug use?"	<input type="checkbox"/> yes	<input type="checkbox"/> no	STATE: Based on your responses it appears you may have what trained professionals refer to as a Substance Use Disorder. In other words, it appears that alcohol/ drug use is interfering with your functioning in important areas of your life. We understand that It can sometimes be hard for people with substance use disorders to moderate their drinking / drug use. We also understand that people with substance use disorders often find it helpful to talk with a counselor about their drinking / drug use.	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Alcohol Alcohol: Refer to chart "U.S. Adult Drinking Patterns" and Educational Handout- share information in a tailored way. Drug Use: Refer to Marijuana Educational Handout STATE: There are no known safe levels of drug use. It is likely that any drug use increases your risk for short and long term health. Any use also increases your chances of developing a substance use disorder."	<input type="checkbox"/> yes	<input type="checkbox"/> no			
	ASK: What concerns you most about this?	<input type="checkbox"/> yes	<input type="checkbox"/> no	ASK: What concerns you most about this?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	REFLECT				<input type="checkbox"/> yes	<input type="checkbox"/> no
	ASK What can you take away from this?				<input type="checkbox"/> yes	<input type="checkbox"/> no
REFLECT				<input type="checkbox"/> yes	<input type="checkbox"/> no	

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NOT READY		<input type="checkbox"/> NA	READY		<input type="checkbox"/> NA
BUILD MOTIVATION	Build motivation using readiness ruler or goals and values.		Risky or mild AUD / SUD		
	<ul style="list-style-type: none"> <u>Ask Permission</u>: Would it be alright if we do an activity that some people find helpful in thinking about alcohol / drug use? Activity: Goals/Value or Rulers Reflect Ask: Where does this leave you? 	yes <input type="checkbox"/>	no <input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
	REFLECT	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
	If appropriate: Transition to READY column.	<input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no
	Otherwise, say: Thanks for taking the time to talk with me about your alcohol / drug use.	<input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no
	SUMMARIZE: Emphasize strengths, highlight reasons for change, and decisions made.	<input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no	Moderate or Severe AUD / SUD	
	Ask: Would it be alright if we check in about this again at our next appointment?	<input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> NA <input type="checkbox"/> yes <input type="checkbox"/> no
				All	
				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no		