



# teach SBIRT

Train, Educate, Adopt, & Collaborate for Healthcare

ASSESS ALCOHOL		NA		NOTES
<b>ASSESSMENT</b>	<b>STATE:</b> 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	
	<b>REFLECT</b>	<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	
	<b>REFLECT</b>	<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 ~ ( <b>Hazardous Use</b> ) "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 ~ ( <b>Using more than intended</b> ) 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  <ul style="list-style-type: none"> <li><input type="checkbox"/> Physical or psychological consequences</li> <li><input type="checkbox"/> Gave up other meaningful activities</li> <li><input type="checkbox"/> Spent much time using, procuring, recovering</li> <li><input type="checkbox"/> Repeated failed attempts to quit/control use</li> <li><input type="checkbox"/> Tolerance</li> <li><input type="checkbox"/> Withdrawal</li> <li><input type="checkbox"/> Craving</li> <li><input type="checkbox"/> Role failure</li> <li><input type="checkbox"/> Relationship trouble</li> </ul> <p style="text-align: center;"><b>Mild</b> 2-3 Criteria      <b>Moderate</b> 4-5 Criteria      <b>Severe</b> 6+ Criteria</p>	<input type="checkbox"/> NA	<input type="checkbox"/> yes <input type="checkbox"/> no	

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ASSESS DRUGS		NA		NOTES	
<b>ASSESSMENT</b>	<b>STATE:</b> 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	
	<b>REFLECT</b>	<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		
	<b>REFLECT</b>	<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 ~ ( <b>Hazardous Use</b> ) "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 ~ ( <b>Using more than intended</b> ) 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  <input type="checkbox"/> Physical or psychological consequences <input type="checkbox"/> Tolerance <input type="checkbox"/> Role failure <input type="checkbox"/> Gave up other meaningful activities <input type="checkbox"/> Withdrawal <input type="checkbox"/> Relationship trouble <input type="checkbox"/> Spent much time using, procuring, recovering <input type="checkbox"/> Craving <input type="checkbox"/> Repeated failed attempts to quit/control use  <b>Mild 2-3 Criteria      Moderate 4-5 Criteria      Severe 6+ Criteria</b>	<input type="checkbox"/> NA	<input type="checkbox"/> yes	<input type="checkbox"/> no	

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	Risky or Mild AUD or SUD	NA		AUD or SUD Positive	NA	
	<b>FEEDBACK</b>	<b>SUMMARIZE</b> assessment.	<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>SUMMARIZE</b> assessment.	<input type="checkbox"/> yes
<b>STATE:</b> 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	<b>STATE:</b> 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
<b>ASK:</b> What do you know about recommended drinking limits and risks of alcohol use?		<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>ASK:</b> 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
<b>REFLECT</b>		<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>REFLECT</b>	<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	<b>STATE:</b> 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
<b>Alcohol</b> <b>Alcohol:</b> Refer to chart "U.S. Adult Drinking Patterns" and Educational Handout- share information in a tailored way. <b>Drug Use:</b> Refer to Marijuana Educational Handout		<input type="checkbox"/> yes	<input type="checkbox"/> no			
<b>STATE:</b> 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."				<b>ASK:</b> What concerns you most about this?	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>ASK:</b> What concerns you most about this?		<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>REFLECT</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>ASK</b> What can you take away from this?				<b>REFLECT</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no
				<b>REFLECT</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no

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		NOT READY		<input type="checkbox"/> NA			READY		<input type="checkbox"/> NA	
<b>BUILD MOTIVATION</b>	Build motivation using readiness ruler or goals and values.									
	<ul style="list-style-type: none"> <li>• <b>Ask Permission:</b> Would it be alright if we do an activity that some people find helpful in thinking about alcohol/ drug use?</li> <li>• Activity: Goals/Value or Rulers</li> <li>• Reflect</li> <li>• Ask: Where does this leave you?</li> </ul>	yes <input type="checkbox"/>	no <input type="checkbox"/>							
	<b>REFLECT</b>	<input type="checkbox"/>	<input type="checkbox"/>							
	If appropriate: Transition to READY column.	<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						
	<b>SUMMARIZE:</b> Emphasize strengths, highlight reasons for change, and decisions made.	<input type="checkbox"/> NA	<input type="checkbox"/> yes	<input type="checkbox"/> no						
	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						
	<b>ACTION PLAN</b>	<b>Risky or mild AUD / SUD</b>								
		Ask: What kinds of changes are you hoping to make to your drinking?"	<input type="checkbox"/> yes	<input type="checkbox"/> no						
		<b>REFLECT</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no						
Ask: What ideas do you have about how you might go about that?"		<input type="checkbox"/> yes	<input type="checkbox"/> no							
Share: Strategies for Cutting Down if appropriate		<input type="checkbox"/> NA	<input type="checkbox"/> yes	<input type="checkbox"/> no						
Ask: Which strategies stand out as ones that might be helpful?"		<input type="checkbox"/> NA	<input type="checkbox"/> yes	<input type="checkbox"/> no						
<b>REFLECT</b>		<input type="checkbox"/> NA	<input type="checkbox"/> yes	<input type="checkbox"/> no						
<b>Moderate or Severe AUD / SUD</b>										
Ask: What do you know about resources that are available to help people who are thinking about making changes in their drinking / drug use?"		<input type="checkbox"/> NA	<input type="checkbox"/> yes	<input type="checkbox"/> no						
<b>REFLECT</b>		<input type="checkbox"/> NA	<input type="checkbox"/> yes	<input type="checkbox"/> no						
Share: Referral information if appropriate.	<input type="checkbox"/> NA	<input type="checkbox"/> yes	<input type="checkbox"/> no							
Ask: Which resources stand out as ones that might be helpful?	<input type="checkbox"/> NA	<input type="checkbox"/> yes	<input type="checkbox"/> no							
<b>REFLECT</b>	<input type="checkbox"/> NA	<input type="checkbox"/> yes	<input type="checkbox"/> no							
<b>All</b>										
State: Thanks for taking the time to talk with me about your alcohol / drug use.	<input type="checkbox"/> yes	<input type="checkbox"/> no								
<b>SUMMARIZE:</b> Include the reasons for change and restate the plan.	<input type="checkbox"/> yes	<input type="checkbox"/> no								
Ask: Would it be alright if we check in about this again at our next appointment?	<input type="checkbox"/> yes	<input type="checkbox"/> no								