SBIRT IN PRIMARY CARE

Screening to Brief Intervention (S2BI) (Ages 12–17)

mosaic GROUP

Patient Information

Patient's Name: _____ Today's Date: _____

Date of Birth (DOB): _____ MRN: _____

Exclusion Criteria: ☐ Non-Verbal ☐ Critically Ill ☐ Patient Refusal

Substance Use Consumption

Place a checkmark to indicate how often you've used each substance listed during the past 12 months.

IN THE PAST YEAR (12 MONTHS), HOW MANY TIMES HAVE YOU USED:	NEVER	ONCE OR TWICE	MONTHLY	WEEKLY OR MORE
Tobacco				
Alcohol				
Marijuana				
STOP HERE if you checked "NEVER" for all of the substances listed above. Otherwise, CONTINUE.				
Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?				
Illegal drugs (such as cocaine or Ecstasy)?				
Inhalants (such as nitrous oxide)?				
Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?				

STOP HERE—END OF SCREENING