

## Faculty and Staff Assistance Program

CU- Boulder, Human Resources

Ph: 303-492-3020

### SBIRT: Screening, Brief Intervention, and Referral to Treatment

<b>PREGNANCY:</b>	
1. Are you currently pregnant?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>TOBACCO:</b>	
1. Do you currently smoke or use any form of tobacco?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Regarding your responses to alcohol consumption, please use the following measurements as a guide - 1 Drink = 12oz Beer; 5oz Wine; 1.5oz Liquor</b>	
<b>ALCOHOL:</b>	
1. When was the last time you had more than 3 (for women or men >65 yrs) / 4 (men) drinks in one day?	
2. How many drinks do you have per week?	
3. For clients under 21 years of age or, if you are pregnant, how many drinks do you have per week?	
<b>DRUGS:</b>	
1. In the past 12 months, have you used drugs other than those required for medical reasons?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you used your prescription pain, anxiety, or sleep medications more than directed by your doctor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>DEPRESSION:</b>	
1. Over the past 6 months, have you experienced <b>a TWO WEEK period of time</b> when you felt down, depressed or hopeless?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Over the past 6 months, have you experienced <b>a TWO WEEK period of time</b> when you felt little interest or pleasure in doing things?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>SUICIDE/HOMICIDE:</b>	
1. Over the past 6 months, have you had any thoughts of suicide?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Over the past 6 months, have you had any thoughts of harming someone else?	<input type="checkbox"/> YES <input type="checkbox"/> NO