



SBIRT Screening and Brief Assessment Questionnaires

1. Brief Screens:

- NIAAA quantity and frequency
(Single alcohol screening question)
- Single drug screening question
- Conjoint screening questions

2. Full Screens and scoring algorithms

- AUDIT- Alcohol use disorders identification test
- DAST- Drug abuse screening test
- CRAFFT- Adolescent screening tool

3. Downloadable person friendly versions

AUDIT

ENGLISH: <https://www.drugabuse.gov/sites/default/files/files/AUDIT.pdf>

SPANISH: <https://pubs.niaaa.nih.gov/publications/AuditSP.pdf>

DAST

ENGLISH: <http://www.sbirtoregon.org/wp-content/uploads/DAST-English-pdf.pdf>

SPANISH: <https://www.communitycarenc.org/sites/default/files/sbirt-dast-10-forms.pdf>

CRAFFT

ENGLISH: http://www.ceasar-boston.org/CRAFFT/pdf/CRAFFT_SA_English.pdf

SPANISH: http://www.ceasar-boston.org/CRAFFT/pdf/CRAFFT_SA_Spanish.pdf

Accuracy of Alcohol and Drug Screens

	Sensitivity	Specificity
	Of those with the condition, what proportion screen positive ?	Of those without the condition, what proportion screen negative ?
	True positive vs. false negative	True negative vs. false positive
Single Alcohol Screening Question	82%	79%
AUDIT-C	♂: 79% ♀: 80%	♂: 56% ♀: 87%
NIAAA Quantity- Frequency Questions	83%	84%
Single Drug Screening Question	83%	94%
Two-Item Conjoint Screen (TICS)*	79%	77%

*Screens for problem use and dependence, not risky use

Smith, Journal of General Internal Medicine, 2009; http://www.integration.samhsa.gov/images/res/tool_auditc.pdf; Friedmann, Journal of Studies on Alcohol, 2001; Smith, Journal of General Internal Medicine, 2009; Brown, Journal of the American Board of Family Practice, 2001








Interpreting Screen Results

- Screens identify most risky users, problem users and dependent individuals
- False-positives and false-negatives are not unusual
- **Because of false-positives ...**
 - Positive screens are not definite indicators of risky use, problem use or dependence
 - Screens merely indicate which asymptomatic individuals should undergo further assessment
- **Because of false-negatives ...**
 - Screens should not be administered to individuals with symptoms of disorders
 - Those individuals should undergo more in-depth assessment

NIAAA Questions on Quantity and Frequency of Drinking

1. In the past three months, how many days a week did you have some alcohol?

Please use the following definition of “standard drink” for questions 2 and 3.

12 oz. of beer or cooler	8–9 oz. of malt liquor <small>8.5 oz. shown in</small>	5 oz. of table	3–4 oz. of fortified <small>(such as sherry or port) 3.5 oz. shown</small>	2–3 oz. of cordial, liqueur, or aperitif <small>2.5 oz. shown</small>	1.5 oz. of brandy <small>(a single jigger)</small>	1.5 oz. of spirits <small>(a single jigger of 80-proof gin, vodka, whiskey) Shown straight in a highball with ice to show the level before adding a mixer*</small>
						
~5%	~7% alcohol	~12% alcohol	~17% alcohol	~24% alcohol	~40% alcohol	~40% alcohol
▼	▼	▼	▼	▼	▼	▼
12 oz.	8.5 oz.	5	3.5 oz.	2.5 oz.	1.5 oz.	1.5 oz.

2. On days that you did drink in the past three months, how many standard drinks did you typically have?

3. During the past three months, what’s the largest number of standard drinks you had in any day or night?

Interpretation:

For items 1 and 2, multiply the responses to compute the average number of standard drinks per

week. A number greater than 14 suggests risky drinking on a weekly basis for men.

A number greater than 7 suggests risky drinking on a weekly basis for women.

For item 3:

A number greater than 4 suggests risky drinking on an episodic basis for men.

A number greater than 3 suggests risky drinking on an episodic basis for women.

Risky drinking on either a weekly or episodic basis or both qualifies an individual to be at least a risky drinker

AUDIT-C

How often do you have a drink containing alcohol?

- a. Never
- b. Monthly or less
- c. 2-4 times a month
- d. 2 or 3 times a week
- e. Daily or almost daily

How many standard drinks do you have on a typical day when you drink?

- a. 1 or 2
- b. 3 or 4
- c. 5 or 6
- d. 7 to 9
- e. 10 or more

MEN: X=5 WOMEN: X=4

How often do you have X or more drinks on one occasion?

- a. Never
- b. Monthly or less
- c. 2-4 times a month
- d. 2 or 3 times a week
- e. Daily or almost daily

Single alcohol screening question:

How many times in the past year have you had X or more drinks in a day?

Single drug screening question

How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?

Circle the best response:

- | | | |
|---------|---------|-----------------|
| 1. None | 3. 2-5 | 5. 11-20 |
| 2. 1 | 4. 6-10 | 6. More than 20 |

Interpretation for single alcohol and drug questions: Positive response: Greater than none

Two- item Conjoint screening questionnaire

(May be added to 2 single screening questions to identify more drug disorders. Does not identify at-risk alcohol or drug use)

- 1. In the last year, have you ever drunk alcohol or used drugs more than you meant to?
- 2. In the last year, have you felt you wanted or needed to cut down on your drinking or drug use?

Interpretation: Positive response: Yes to either or both questions

Alcohol Use Disorders Identification Test (AUDIT)

In the past 12 months...	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10 or more
3. How often do you have 3 or more drinks on one occasion? <i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year
Total score =					

Interpretation: To compute the total score, add the number at the top of the column for each response.

Risk Category	Total Score		Management
	Females	Males	
Low risk	0 to 6	0 to 7	Education, affirmation
At risk	7 to 15	8 to 15	Brief intervention
Problem use	16 to 19		Brief intervention + F/U
Likely dependent	20 to 40		Referral

Drug Abuse Screening Test-10 (DAST-10)

In the past 12 months ...	Yes	No
1. Have you used drugs other than those required for medical reasons?		
2. Do you use more than one drug at a time?		
3. Are you always able to stop using drugs when you want to?		
4. Have you ever had blackouts or flashbacks as a result of drug use?		
5. Do you ever feel bad or guilty about your drug use?		
6. Do people in your life ever complain about your involvement with drugs?		
7. Have you neglected your family because of your use of drugs?		
8. Have you engaged in illegal activities in order to obtain drugs (other than possession)?		
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?		
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?		
Total score =		

Interpretation:

For item 3, “yes” scores 0 points, and “no” scores 1 point.

For all other items, “yes” scores 1 point, and “no” scores 0 points.

Add up all the points to computer the total score.

Degree of Problems	Total Score	Management
None	0	Education, affirmation
Low	1	Education, affirmation
Low	2	Brief intervention
Moderate	3 to 5	Brief intervention + F/U
Substantial	6 to 8	Intervention or referral
Severe	9 to 10	Referral

The CRAFFT Screening Interview

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

During the PAST 12 MONTHS, did you: **No** **Yes**

- | | | |
|--|--------------------------|--------------------------|
| 1. Drink any <u>alcohol</u> (more than a few sips)?
(Do not count sips of alcohol taken during family or religious events.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Smoke any <u>marijuana</u> or <u>hashish</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Use <u>anything else</u> to <u>get high</u> ?
("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff") | <input type="checkbox"/> | <input type="checkbox"/> |

For clinic use only: Did the patient answer "yes" to any questions in Part A?

No

Yes



Ask CAR question only, then stop

Ask all 6 CRAFFT questions

Part B

- | | No | Yes |
|---|--------------------------|--------------------------|
| 1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you ever use alcohol or drugs while you are by yourself, or ALONE ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you ever FORGET things you did while using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever gotten into TROUBLE while you were using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |

Interpretation:

Any "yes" is 1 point.

Degree of Problems	Total Score	Management
None	0	Education, affirmation
Low	1	Education, affirmation
High risk	2+	Brief intervention, Extended Brief intervention, Referral to specialist