



SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT) - TWO QUESTION DRUG AND ALCOHOL USE PRE-SCREEN

The two pre-screen questions and the Alcohol Use Disorders Identification Test (AUDIT) and Drug Abuse Screening Test (DAST) can be completed in 5-10 minutes, usually while the patient is waiting to be seen by his/her provider. SBIRT can be implemented by doctors, medical assistants and behavioral health technicians.

■ Pre-Screen Question 1:

How many times in the past 12 months have you had 5 or more drinks in one day (4 or more if a woman or over the age of 65)?

■ Pre-Screen Question 2:

How many times in the past 12 months have you used illegal substances or prescribed medications for a non-medical use?

The cut-off for a positive alcohol use screen is simply one or more times of drinking 5 or more drinks in one day (or 4 or more if a woman or over the age of 65).

The drug pre-screen is considered positive if there is any admission of the use of illegal substances or prescribed medications for non-medical use.

Thus, anything other than “none or never” results in a more detailed screening with the AUDIT, DAST or both.



Drug Abuse Screening Test, DAST-10

The following questions concern information about your possible involvement with drugs *not including alcoholic beverages* during the past 12 months.

"Drug abuse" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions *do not* include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

In the past 12 months...		Circle	
1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Do you abuse more than one drug at a time?	Yes	No
3.	Are you unable to stop abusing drugs when you want to?	Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5.	Do you ever feel bad or guilty about your drug use?	Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7.	Have you neglected your family because of your use of drugs?	Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10.	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	Yes	No
Scoring: Score 1 point for each question answered "Yes," except for question 3 for which a "No" receives 1 point.			Score:

Interpretation of Score		
Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1-2	Low level	Monitor, re-assess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment