

AL-SBIRT Pre-Screen

NAME _____ DATE OF BIRTH ____/____/____

GENDER ☐ Male ☐ Female ☐ Transgender ☐ Other

ARE YOU CURRENTLY PREGNANT OR TRYING TO BECOME PREGNANT? ☐ Yes ☐ No

OVER THE PAST 2 WEEKS, HOW OFTEN HAVE YOU BEEN BOTHERED BY ANY OF THE FOLLOWING PROBLEMS?

Little interest or pleasure in doing things ☐ Not at all ☐ Several Days ☐ More than half the days ☐ Nearly every day

Feeling down, depressed or hopeless ☐ Not at all ☐ Several Days ☐ More than half the days ☐ Nearly every day

Thoughts that you would be better off dead or of hurting yourself in some way ☐ Not at all ☐ Several Days ☐ More than half the days ☐ Nearly every day

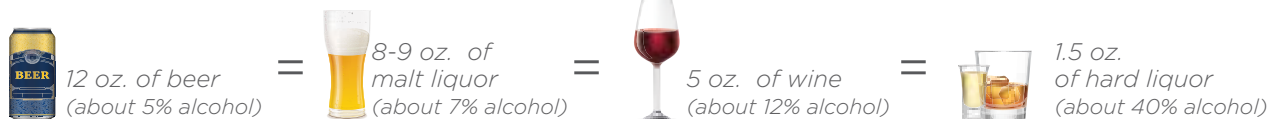
DO YOU USE NICOTINE PRODUCTS (CIGARETTES, DIP, CHEW, VAPE, ELECTRONIC CIGARETTES, ETC.)?

☐ Yes ☐ No ☐ Former user

If YES, how frequently do you use nicotine products?

☐ Daily ☐ Weekly ☐ Monthly ☐ Less than monthly ☐ Don't know

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or "pure" alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:



HOW OFTEN DO YOU HAVE A DRINK CONTAINING ALCOHOL?

☐ Never ☐ Less than Monthly ☐ Monthly ☐ Weekly ☐ 2-3 times a week ☐ 4-6 times a week ☐ Daily

IF YOU DRINK, 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

HOW OFTEN DO YOU HAVE 4 OR MORE DRINKS ON ONE OCCASION? FOR MEN UNDER AGE 65, HOW OFTEN DO YOU HAVE 5 OR MORE DRINKS ON ONE OCCASION?

☐ Never ☐ Less than Monthly ☐ Monthly ☐ Weekly ☐ 2-3 times a week ☐ 4-6 times a week ☐ Daily

DO YOU MISUSE OR OVERUSE YOUR PRESCRIPTION MEDICATION (I.E. PAINKILLERS, SLEEPING PILLS, STIMULANTS, ANXIETY MEDICINE)? ☐ Yes ☐ No

IF YES, HOW OFTEN? ☐ Never ☐ Once or twice ☐ Monthly ☐ Weekly ☐ Daily/Almost Daily

DO YOU TAKE OTHER PEOPLE'S PRESCRIPTION MEDICATION? ☐ Yes ☐ No

IF YES, HOW OFTEN? ☐ Never ☐ Once or twice ☐ Monthly ☐ Weekly ☐ Daily/Almost Daily

IN THE PAST YEAR, HOW OFTEN HAVE YOU USED ILLEGAL DRUGS (I.E. MARIJUANA, CRACK COCAINE, CRYSTAL METH, HEROIN, ETC.)? ☐ Never ☐ Once or twice ☐ Monthly ☐ Weekly ☐ Daily/Almost Daily

ARE YOU FEELING AT ALL UNSAFE IN ANY WAY IN YOUR RELATIONSHIP WITH YOUR CURRENT PARTNER?

☐ Yes ☐ No