






# SBIRT

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Once a year, all our patients are asked to complete this form because drug use, alcohol use, and mood can affect your health as well as medications you may take. Please help us provide you with the best medical care by answering the questions below.

One drink equals: <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">             12 oz. beer         </div> <div style="text-align: center;">             5 oz. wine         </div> <div style="text-align: center;">             1.5 oz. liquor (one shot)         </div> </div>
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	No	Yes
Are you currently recovering from alcohol or substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>

<b>ALCOHOL</b>	None	One or more times
<b>For men:</b> How many times in the past year have you had <b>5 or more</b> drinks in a day?	<input type="checkbox"/>	<input type="checkbox"/>
<b>For women:</b> How many times in the past year have you had <b>4 or more</b> drinks in a day?	<input type="checkbox"/>	<input type="checkbox"/>

<b>DRUGS</b>	None	One or more times
How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?	<input type="checkbox"/>	<input type="checkbox"/>

<b>MOOD</b>				
Over the last <b>2 weeks</b> , how often have you been bothered by any of the following problems?	Not at all	Several days	More than half of the days	Nearly every day
Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>