




Brief Screen for Substance Use

? Question	+ Positive Screen Criteria
TOBACCO	
? Do you currently smoke or use any form of tobacco?	Positive Screen = Yes NEXT STEP: Explore readiness to quit. Offer assistance and/or arrange additional services.
ALCOHOL	
? Drinks per week: How many drinks do you have per week? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> 12 fl oz beer  <small>-5% alcohol</small> </div> <div style="text-align: center;"> = 5 fl oz table wine  <small>-12% alcohol</small> </div> <div style="text-align: center;"> = 1.5 fl oz liquor (vodka, tequila, etc.)  <small>-40% alcohol</small> </div> </div>	Positive screen = More than 7 drinks per week for a female of any age or a male over age 65 Positive screen = More than 14 drinks per week for a male up to age 65 NEXT STEP: Consider further screening using the AUDIT or another screening tool. Provide a brief intervention and referral to treatment if indicated.
? Drinks per day: When was the last time you had 4 or more drinks per day? (Asked of all females and males over the age of 65) <p style="text-align: center;">OR</p> When was the last time you had 5 or more drinks per day? (Asked of males age 65 and younger)	<p style="text-align: center;">Positive Screen = in the past year</p> <p style="text-align: center;">↑</p> NEXT STEP: Consider further screening using the AUDIT or another screening tool. Provide a brief intervention and referral to treatment if indicated.
MARIJUANA	
? In the past year, how many times have you used marijuana?	Positive screen = 1 or more times NEXT STEP: Explore quantity and frequency of use. Consider further screening using the CUDIT-R or another screening tool. Provide a brief intervention and referral to treatment if indicated.
OTHER DRUGS	
? In the past year, have you used or experimented with an illegal drug or a prescription drug for non-medical reasons?	Positive Screen = Yes NEXT STEP: Identify specific drugs, quantity and frequency of use. Consider further screening using the DAST or another screening tool. Provide a brief intervention and referral to treatment if indicated.
+ OTHER POSITIVE SCREEN CRITERIA	
For those age 18 – 20	Any alcohol use
For pregnant women	Any alcohol use