

MiCCSI/Trinity Health SBIRT Training Case – Week 10 – Information for the Interviewer

Harriet Howe, a 30-year-old woman, completed the AUDIT and DAST in the waiting room (see below). You are seeing Ms. Howe before the PCP. The medical assistant noted: “Birth control pill refill.”

Your task is to conduct an initial SBIRT session within 25 minutes. The session must stop in 25 minutes even if you are not done.

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 4 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 =					

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