

APPENDIX Z13: NIDA Quick Screen AHC Annex (modified)

Patient Name: _____

Sex: () F () M

DOB: _____

Interviewer: _____

Date: ___/___/___ Z59 _____

STEP 1 - Ask the NIDA Quick Screen with PHQ-2 Questions

Instructions: Using the sample language below, introduce yourself to your patient, then ask about past year substance use, using the NIDA Quick Screen. For each substance, mark in the appropriate column. The process of screening is **ASK-ADVISE-REFER (AAR)**.

Introduction (Please read to patient): Hi, I'm _____, a MA/RS/CM/SWI. Welcome (back) to our clinic. As part of the new/returning patient intake, I'd like to ask you a few questions that will help us give you better medical care. We ask all patients these same questions. The questions relate to your experience with tobacco, alcohol, and other drugs. Some of the substances we'll talk about are prescribed by a doctor or nurse practitioner (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed. I'll also ask you about illicit or illegal drug use (street drugs)—but only to better diagnose and treat you.

Quick Screen Question:	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
In the past year, how often have you used the following?					
Alcohol • For men, 5 or more drinks a day • For women, 4 or more drinks a day					
Tobacco Products					
Prescription Drugs for Non-Medical Reasons					
Illegal Drugs					
DEPRESSION-- During the past month, have you been bothered by:					
Little interest or pleasure in doing things?	YES	NO			
Feeling down, depressed or hopeless?	YES	NO			

STEP 2 - Please indicate screening action below by placing a check mark (✓) by 4 options of follow-up.

___ If the patient says "NO" for all drugs in the Quick Screen, reinforce abstinence. Screening is complete.

___ If patient says "Yes" to 1-4 days of heavy drinking in a month, note that patient is an at-risk drinker. Please provide patient a pamphlet about reducing alcohol consumptions. If patient says "Yes" to 5 or more drinks a day for 5 or more days in a month (4 /5 for women) make a written referral to or consider for enrollment in Amador Recovery. [**drink = beer 12oz, wine 5oz, liquor 1.5 oz**]

___ If the patient says "Yes" to use of prescription opioid drugs (**painkillers**) for non-medical reasons or illegal opiates (**heroin**), record response and make a written referral to /enroll in Annex Amador Recovery Project. Specify which drugs in space next to Illegal/Street Drugs. For other drugs (e.g., **methamphetamines, cocaine, stimulants, inhalants, benzodiazepines/sedatives, hallucinogens**, etc.), note answer and offer a brochure on SMART Recovery. Persons with AUD or OUD and methamphetamine use/misuse may enroll in Amador Recovery.

___ If patient says "Yes" to use of tobacco: Any current tobacco use places a patient at risk. Advise all tobacco users to quit. For more information on smoking cessation, give the patient a quit card for the NM Quit Now program. [see Heaviness of Smoking Index]

___ If the patient's response to both depression questions is "no", the screen is negative. If the patient responded "yes" to either question, consider return for repeat screen in 3 months. If "yes" to both questions, administer PHQ-9 for referral to Annex ARP or BH Primary Care.

Note: Externally, patient may be referred directly to Annex; best to make appointment. Please provide a copy of this screening result in a sealed envelope to the patient and fax screening result for referral to the Annex. Internally, a Recovery Specialist may walk over to the main building for a "warm hand." Complete bottom of this page only if referred to Amador Recovery for AUD or OUD.

Date/Time Faxed to Annex (575.652.3785) By: _____

When incarcerated last? _____ Ever overdosed on opioids? _____ Ever Tested for HIV/HCV? _____

When experience alcohol withdrawal (after how many hours not drinking)? _____ Ever have DTs/shakes re no ETOH _____