

S2BI: Screening to Brief Intervention

In the past year, how many times have you used

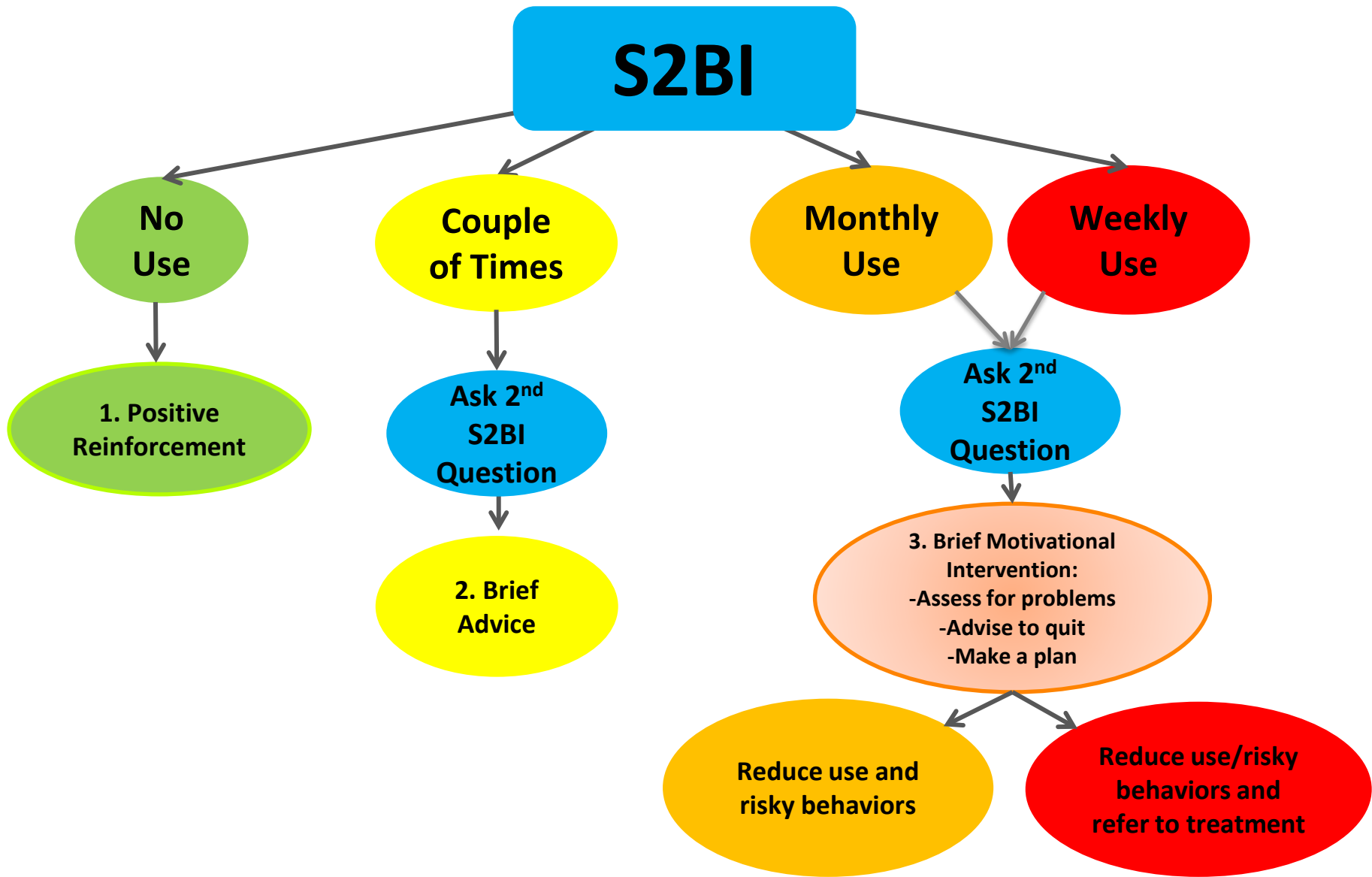
- Tobacco?
- Alcohol?
- Marijuana?

STOP if all **“Never.”** Otherwise, **CONTINUE.**

- Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?
- Illegal drugs (such as cocaine or Ecstasy)?
- Inhalants (such as nitrous oxide)?
- Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?

- Never
- Once or twice
- Monthly
- Weekly

NEXT ►



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