

## SRHP Editable Question Set

### Introduction

Below is a compilation of evidence-based SDOH screening questions that have been tested in clinical and/or research settings. These are being provided to you as a **starting point** for use in your own clinic. We are mindful of the fact that a standard visit is 15 minutes and there are a lot of questions to ask. You may adapt them as you see fit, including editing language, and the order in which they are asked.

### PART 1: Recommended at every visit

#### Medical History appropriate to contraception, abortion, PrEP, STI visits

**Evidence base:** These questions are developed based on expertise and have not been studied.

**Written or verbal:** Because of time, we recommend the patient self-report on tablet or written form.

**Guidance on adaptations:** Only ask the questions that are relevant to the individual patient that day based on visit time or issue raised. Some questions are relevant to all SRH visits, some only when discussing contraception, and some only when providing abortion care.

**How to interpret/score:** The majority of these questions should be used to inform clinical care, counseling, and services/medications provided in today's visit.

Question	Follow-Up
<b><i>Contraception Use</i></b>	
1a. Are you and your partner(s) doing anything to prevent pregnancy? (Yes/No)	1b. What are you doing? (Fill in the blank)
2a. Are you using a birth control or contraception method currently? (Yes/No/Sometimes)	2b. Which method(s)? (List of all methods, including abstinence, allowing for multiple to be checked)
3. Which birth control or contraception methods have you used in the past? (List allowing multiple to be checked, include none, abstinence, other)	



<b>Medical History</b>	
4a. Do you have any medical problems that make you go to a healthcare provider on a regular basis?	4b. If yes, what? (Fill in the blank)
5. Do you have high blood pressure? (Yes/No)	
6. Do you get migraine headaches? (Yes/No)	
7. Have you ever had a blood clot in your leg or lung? (Yes/No)	
8. Do you smoke tobacco <b>and</b> are you over 35 years old? (Yes/No/Sometimes)	
9. Do you have lupus? (Yes/No)	
10. Do you have a history of fibroids in your uterus? (Yes/No)	
11. Do you have a history of cysts on your ovaries? (Yes/No)	
12a. Do you know of any abnormalities in your uterus? (Yes/No)	12b. If yes, what? (Fill in the blank)
13a. Do you have any allergies to any medications? (Yes/No)	13b. If yes, what? (Fill in the blank)
14. Do you have an allergy to latex?	
15. Do you have any allergy to copper?	
16. What current medications are you taking? (Fill in the blank)	Probe for common medications: vitamins, allergy medication, supplements, St. John's wort, etc.
17a. How many times have you been pregnant? (Fill in a number)	17b. If one or more, what was the outcome of each pregnancy (miscarriage, abortion, ectopic pregnancy, live birth, stillbirth - allow for multiple)  17c. If you had a past abortion(s), was it medical (pill) or surgical (a procedure)? (Allow for multiples)



	<p>17d. If you had a past ectopic pregnancy(ies), was it treated medically with a pill or surgically with a procedure? (Allow for multiples)</p> <p>17e. Have you had any complications with past pregnancies? (Fill in the blank, probe for common complications: gestational diabetes, preeclampsia, placenta previa...)</p>
18a. Have you ever used PrEP to prevent HIV? (Yes/No)	18b. If yes, when? (Date range fill in that allows for present)
19. Do you have asthma? (Yes/No)	
20. What past surgeries have you had?	Probe for common surgeries: appendix, wisdom teeth, etc.
<b><i>Sexual function</i></b>	
21. Do you have any concerns with your sexual desire or satisfaction?	

### Sexual History

*Note: Sexual history should be asked in-full at initial visit and then an updated sexual history should be asked at each visit.*

**Evidence base:** These questions are recommended by the CDC,<sup>1</sup> to be asked verbally by a provider.<sup>2</sup> We have also adapted the questions to a written format.

**Written or verbal:** We offer both a written and verbal set of questions.

To have a trauma-informed approach to sexual history taking, patient permission should be sought for these sensitive questions. For example, start with one of the following prompts.

<sup>1</sup> <https://www.cdc.gov/std/treatment/SexualHistory.pdf>

<sup>2</sup> <https://www.cdc.gov/std/treatment/>



- “May I ask you a few questions about your sexual health and sexual practices? I understand that these questions are personal, but they are important for your overall health.”
- “At this point in the visit I generally ask some questions regarding your sexual life. Will that be ok?”

**Guidance on adaptations:** We do not recommend any adaptations.

**How to score:** n/a

**What a positive score should receive:** n/a, inform clinical care.

**VERBAL: CDC recommended patient sexual history script**

**PARTNERS**

1. Are you currently having sex of any kind—so, oral, vaginal, or anal— with anyone? (Are you having sex?)
  - a. If no, have you *ever* had sex of any kind with another person?
2. In recent months, how many sex partners have you had?
3. What is/are the gender(s) of your sex partner(s)?
4. Do you or your partner(s) currently have other sex partners?

**PRACTICES**

1. I need to ask some more specific questions about the kinds of sex you have had over the last 12 months to better understand if you are at risk for STIs. We have different tests that are used for the different body parts people use to have sex. Would that be ok?
2. What kind of sexual contact do you have, or have you had? What parts of your body are involved when you have sex?
  - a. Do you have genital sex (penis in the vagina)?
  - b. Anal sex (penis in the anus)?
  - c. Oral sex (mouth on penis, vagina, or anus)?
  - d. Are you a top and/or bottom?
3. Do you meet your partners online or through apps?
4. Have you or any of your partners used drugs?
5. Have you exchanged sex for your needs (money, housing, drugs, etc.)?

**PROTECTION FROM STIs**

1. Do you and your partner(s) discuss STI prevention?
2. If you use prevention tools, what methods do you use? (For example, external or internal condoms—also known as male or female condoms—dental dams, etc.)
3. How often do you use this/these method(s)? More prompting could include specifics about:
  - a. Frequencies: sometimes, almost all the time, all the time.



- b. Times they do not use a method.
- 4. If “sometime,” in which situations, or with whom, do you use each method?
- 5. Have you received HPV, hepatitis A, and/or hepatitis B shots?
- 6. Are you aware of PrEP, a medicine that can prevent HIV? Have you ever used it or considered using it?

**PAST HISTORY OF STIs**

- 1. Have you ever been tested for STIs and HIV? Would you like to be tested?
- 2. Have you been diagnosed with an STI in the past? When? Did you get treatment?
- 3. Have you had any symptoms that keep coming back?
- 4. Has your current partner or any former partners ever been diagnosed or treated for an STI? Were you tested for the same STI(s)? Do you know your partner(s) HIV status?

**WRITTEN: Questions adapted for written context**

Question	Follow Up
<b><i>History around sex</i></b>	
1a. Have you <b>ever</b> been sexually active? (Yes/No)	1b. If yes, have you <b>ever</b> had sex with person(s) with a vagina, penis or both?
2. Have you ever been coerced or pressured to have sex? (Yes/No) <i>May be able to cut this question based on sexual assault, IPV and human trafficking questions selected</i>	
<b><i>Current sexual practices</i></b>	
3a. Are you <b>currently</b> sexually active (in the past three months)? (Yes/No)	3b. If yes, do you <b>currently</b> have sex with person(s) with a vagina, penis, or both?
4. In the past three months, what kind of sex have you had? Anal? Vaginal? Oral?	
5. What is the date of your last sexual activity?	
<b><i>Riskiness of current sexual activity</i></b>	
6. Do you know whether you partner(s) has/have other sexual partners? (Yes/No/Unsure)	
7a. What do you do to protect yourself from STIs,	7b1. How often do you use this protection?



including HIV?	(Always/Sometimes)  7b2. If sometimes, in what situations or with whom do you use protection? (Fill in the blank)
8. If under age 46, have you completed the 3-part HPV vaccine series? (Yes/No/Unsure)	
<b>STI history</b>	
9a. Have you ever been tested for sexually transmitted infections (Yes/No/Unsure)	9b. If yes, when was your last STI test? (List of years or fill in the blank)
10a. Have you ever been tested for HIV? (Yes/No/Unsure)	10b. If yes, when was your last HIV test? (List of years or fill in the blank)  10c. If yes, are you HIV positive?
11a. Have you ever had a sexually transmitted infection (disease)? (Yes/No)	11b. If yes, which sexually transmitted infection(s)? (List or fill in the blank, need to be able to note multiple infections and multiple times)  11c. If yes, where was the infection? (Fill in the blank, need to be able to note multiple infections and multiple times)  11d. When did you have the infection? (List of years or fill in the blank, need to be able to note multiple infections and multiple times)  11e. Was (were) your partner(s) treated too? (Yes/No/Unsure, need to be able to note multiple infections and multiple times)

### HIV Risk Screening

**Evidence base:** The Human Immunodeficiency Virus Acquisition Risk Screening Tool is designed for nurse practitioners, physicians, and the health care team to easily identify patients with substance use disorder or sexual behaviors that make them eligible for referral to HIV pre-exposure prophylaxis (PrEP) and has been recommended by researchers to increase access to PrEP services.<sup>3</sup>

<sup>3</sup> Goldstein NS, Seymour EC, Carter-Davis JB. A model for increasing access to preexposure prophylaxis (PrEP) services in the substance use population. *The Journal for Nurse Practitioners*. 2020;16(2):121-125.

**Written or verbal:** We recommend an MA or clinician conduct verbally, but it can be adapted to a written form if an algorithm is used.

**Guidance on adaptations:** We do not recommend any adaptations, however, some of these questions are repetitive with substance use screener question and sexual history questions. It is important not to ask questions multiple times. Develop your comprehensive screening tool to be able to use question answers to calculate multiple screeners.

**How to score:** Any patient who responds “Yes” written in underlined red text is eligible for PrEP.

**What a positive score should receive:**

PrEP referrals: PrEP navigator, PrEP clinic, other PrEP access initiatives

PrEP Rx and follow-up: Prescription of Truvada, Q3 month follow-ups with labs

**Human Immunodeficiency Virus Risk Screening Tool**

**Script:** (To be read before completing the screening)

“The following questions can be very personal. I want you to know, we ask these questions to everyone and it is so that we can provide you with the best possible care. The information you share remains private and confidential and will not be shared with others without your consent in accordance with HIPAA. I also want you to know if at any time you are uncomfortable, you may refuse to answer a question. Do I have your permission to continue?”

**1. Have you ever been tested to see if you have HIV? Yes / No**

If **Yes:** (a) How long ago was your last HIV test? \_\_\_\_\_

(b) Was the result HIV-positive or HIV-negative? **HIV positive** / HIV negative

If **HIV-positive:** *confirm provider managing HIV care. SCREENING COMPLETE.*

If **HIV-negative:** *go on to question 2.*

If **No:** *Register patient for next HIV testing session. Go on to question 2.*

**2. Have you injected drugs that were not prescribed to you within the past 6 months? Yes / No**

If **Yes:** (a) In the past 6 months, have you shared any needles, syringes, or other drug preparation equipment that had already been used by another person? **Yes** / No

If **No:** *go on to question 3.*



3. Have you been sexually active in the last 6 months? **Yes / No**

If **No**: SCREENING COMPLETE.

If **Yes**: If the client is:

(a) Male (**assigned male at birth**): Do you have sex with men, women, or both?

If **MSM**:

- 1) Have you ever had sex without a condom in the past 6 months? **Yes / No**
- 2) Have you ever had sex in exchange for money or drugs? **Yes / No**
- 3) Have you had syphilis, gonorrhea, or chlamydia in the last 6 months? **Yes / No**

If **MSW only**:

- 1) Have you had sex with someone who is HIV+ in the past 6 months without using a condom? **Yes / No**
- 2) Have you had syphilis, gonorrhea, or chlamydia in the last 6 months? **Yes / No**

(b) Female (**assigned female at birth**): Do you have sex with men, women, or both?

- 1) Have you had sex in exchange for money in the past 6 months? **Yes / No**
- 2) Have you had sex with someone who is HIV-positive in the past 6 months? **Yes / No**
- 3) Have you had sex without using a condom with anyone who is at high risk for HIV infection, meaning a person who injects drugs, a man who has sex with men, or a person who has had other sexually transmitted infections? **Yes / No**

(c) Trans: Do you have sex with men, women, or both?

- 1) Have you had sex in exchange for money in the past 6 months? **Yes / No**
- 2) Have you had sex with someone who is HIV-positive in the past 6 months? **Yes / No**

4. If eligible for PrEP, (indicated by a **red underlined yes**) what do you know about PrEP for HIV prevention?

## Reproductive Coercion

**Evidence base:** The five-item reproductive coercion scale has been adapted from a longer version and clinically validated in family planning settings<sup>4</sup>.

**Written or verbal:** We recommend this be self-reported on tablet or paper.

**Guidance on adaptations:** We do not recommend adapting these questions.

**How to score:** One point is given for every yes answer. A score of one or more indicates that reproductive coercion has been experienced in the last year.

**What a positive score should receive:** See below.

***In the past 3 months, has someone you were having a relationship with:***

### ***Pregnancy coercion***

1. Told you not to use any birth control (like the pill, shot, ring, etc.)
2. Taken your birth control (like pills) away from you or kept you from going to the clinic to get birth control
3. Made you have sex without a condom so you would get pregnant

### ***Condom manipulation***

4. Taken off the condom while you were having sex so you would get pregnant
5. Put holes in the condom or broken the condom on purpose so you would get pregnant

If patient answers “YES” to any reproductive coercion screener questions, recommended workflow:

1. *For verbal screen:* “Thank you for telling me that. Keeping you safe is part of keeping you healthy. May I ask a colleague to come talk to you and offer some information you may find useful?”
2. Page/summon clinical or case management champion with training in safety planning and knowledge of local resources.
3. Allow adequate time for a colleague to prepare custom referrals prior to engaging the client.
4. Accept if a client declines assistance.
5. Keep IPV and reproductive coercion in mind when recommending clinical services.

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<sup>4</sup> McCauley HL, Silverman JG, Jones KA, Tancredi DJ, Decker MR, McCormick M, Austin SB, Anderson HA, Miller E. Psychometric properties and refinement of the reproductive coercion scale. *Contraception*. 2017;95(3):292-298.

## Human Trafficking

While red flags should be looked for at every visit, screening should only happen **in the presence of “red flags.”**

**Evidence base:** The Adult Human Trafficking Screening Tool is designed for use across various health care, behavioral health, social services, and public health settings. The tool assesses adult patients or clients for human trafficking victimization or risk for potential trafficking victimization. It is a survivor-centered, trauma-informed, and culturally appropriate intervention tool recommended by the US Department of Health and Human Service National Human Trafficking Training and Technical Assistance Center.

Healthcare providers must be trained in trauma-informed care and appropriate resources to ensure that screening in human trafficking is ethical. Clinicians and staff should be trained to recognize red flags, and designated, specifically trained colleagues should administer a screening **only** in the presence of red flags. Appropriate administration of the screener requires a longer visit than a typical SRH service visit.

**Written or verbal:** The human trafficking screening tool is part of a guide and is to be used with the “Adult Human Trafficking Screening Tool and Guide.” It has been provided as part of a screening toolkit to a professional who is trained to administer it.

**Guidance on adaptations:** We do not recommend adaptations to this tool.

**How to score:** If red flags are identified using the “Indicators of Human Trafficking” list below, the full screener should be conducted. If the client/patient answered YES to any of the questions, this may indicate a risk for current, former, or future trafficking.

**What a positive score should receive:** If you feel this individual is at risk, or is being trafficked, discuss referral options, including possibly reporting to the appropriate authorities trained on human trafficking. Ask, “do you want additional resources or information?” For assistance with referrals or other resources, please contact the National Human Trafficking Hotline: 1-888-373-7888, 24/7 (200 languages).

<p><b>Indicators of Human Trafficking</b> <b>Adults at risk for labor trafficking or sex trafficking</b></p>
<p><b>May be any age, gender, race/ethnicity, and nationality; may be LGBTQI or of any immigration status</b></p> <p><b>FORCE or FRAUD or COERCION</b></p> <p><b>May be experiencing the following:</b></p>



- Is with a person who speaks for them
- Is unsure of day, date, month, year
- Moves frequently
- Not in control of personal identification
- Doesn't know where they live
- Story doesn't make sense; seems scripted
- Not allowed to come and go at will
- Wears the same clothes over and over
- Seems afraid to answer questions
- Works long hours; exhausted; hungry
- Someone else controls their money
- Odd living/work space (may include tinted windows, security cameras, barbed wire, people sleeping/living at worksite)
- Can't move freely; attached to someone
- Owes a debt to employer

Labor Trafficking	Sex Trafficking
<ul style="list-style-type: none"> <li>● Hired for a different job based on false promises</li> <li>● Fearful of employer or supervisor</li> <li>● Isolated from family; fears family harm if they quit</li> <li>● Lives where they work; can't choose where to live</li> <li>● Owes employer money and can't pay it back</li> <li>● Abnormal work hours; no breaks or vacations</li> <li>● Boss makes them lie about their job duties</li> <li>● Multiple people living in a cramped space: housekeeper, sales crew, live-in help</li> </ul>	<ul style="list-style-type: none"> <li>● Works in the commercial sex industry: escort, exotic dancer, "prostitute," "massage"</li> <li>● Signs of having sex with multiple people</li> <li>● Has pimp: male, female, boyfriend, husband</li> <li>● Tattoos or branding of ownership</li> <li>● Uses language of the sex industry</li> <li>● Inappropriate clothing for venue or weather</li> <li>● Physical abuse, drugs/alcohol, malnourished</li> </ul>
<p><b>SEE SIGNS? Ask your coworker trained to use the <u>Adult Human Trafficking Screening Tool</u></b>  <b>National Human Trafficking Hotline: 1-888-373-7888, 24/7 (200 languages)</b></p>	

### Adult Human Trafficking Screening Tool

This screening tool is part of a guide and is intended to be used with the "Adult Human Trafficking Screening Tool and Guide." **It has been provided as part of a screening toolkit to a professional who is trained to administer it.** For information about this screening tool or the recommended training for its application, please contact the National Human Trafficking Training and Technical Assistance Center (NHTTAC) at [info@nhttac.org](mailto:info@nhttac.org) or 844-648-8822.



Question	Respondent Answers	Notes
1. Sometimes lies are used to trick people into accepting a job that doesn't exist, and they get trapped in a job or situation they never wanted. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
2. Sometimes people make efforts to repay a person who provided them with transportation, a place to stay, money, or something else they needed. The person they owe money to may require them to do things if they have difficulty paying because of the debt. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
3. Sometimes people do unfair, unsafe, or even dangerous work or stay in dangerous situations because if they don't, someone might hurt them or someone they love. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
4. Sometimes people are not allowed to keep or hold on to their own identification or travel documents. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
5. Sometimes people work for someone or spend time with someone who does not let them contact their family, spend time with their friends, or go where they want when they want. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
6. Sometimes people live where they work or where the person in charge tells them to live, and they're not allowed to live elsewhere. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	



<p>7. Sometimes people are told to lie about their situation, including the kind of work they do. Has anyone ever told you to lie about the kind of work you're doing or will be doing?</p>	<p>Yes No Declined to Answer Don't Know</p>	
<p>8. Sometimes people are hurt or threatened, or threats are made to their family or loved ones, or they are forced to do things they do not want to do in order to make money for someone else or to pay off a debt to them. Have you ever experienced this, or are you in a situation where you think this could happen?</p>	<p>Yes No Declined to Answer Don't Know</p>	
<p><b>If the client/patient answered YES to any of the questions, this may indicate a risk for current, former, or future trafficking. If you feel this individual is at risk, or is being trafficked, discuss referral options, including possibly reporting to the appropriate authorities trained on human trafficking. Ask, "do you want additional resources or information?" For assistance with referrals or other resources, please contact the National Human Trafficking Hotline: 1-888-373-7888, 24/7 (200 languages).</b></p>		

## PART 2: Recommended for new patients and repeated annually

### Source of Primary Care

**Evidence base:** This question has been validated and is widely used to identify whether patients have a primary care provider, which has long been associated with improved health outcomes<sup>5</sup>.

**Written or verbal:** We recommend the patient self-report on tablet or paper.

**Guidance on adaptations:** We do not recommend any adaptations.

**How to score:** If the patient responds no, they should receive a primary care referral.

**What a positive score should receive:** referral to a primary care provider.

Is there a doctor or clinic where you usually go for check-ups when you're sick?

1. Yes

—> If yes, record doctor or clinic name

2. No

### Sexual Orientation and Gender Identity

**Evidence base:** These questions on sexual orientation and gender identity are essential to respectful provision of care for all patients and are recommended by the National LGBTQIA+ Health Education Center<sup>6</sup>. Additional answer options have been added to align with Title X and UDS reporting requirements.

**Written or verbal:** Conducting this verbally is the gold standard but written may be acceptable.

**Guidance on adaptations:** We do not recommend adapting these questions.

**How to score/interpret:** After disclosing these data, responses must be respected at all future interactions between providers, staff, and patient. Ensure that there is a clear place to mark gender identity and preferred pronouns that all providers and staff can easily refer to during interactions with the patient.

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<sup>5</sup> Shi L, Starfield B, Xu J. Validating the adult primary care assessment tool. *The Journal of Family Practice*. 2001;50(2):161-175.

<sup>6</sup> <https://www.lgbtqiahealtheducation.org/resources/in/collecting-sexual-orientation-and-gender-identity-data/>



### ***Sexual Orientation***

1. Do you think of yourself as:  
 Lesbian or gay,  
 Straight or heterosexual  
 Bisexual  
 Something else  
 Don't know  
 Choose not to disclose

### ***Gender identity***

1. What is your current gender identity?  
 Male  
 Female  
 Transgender Male/Trans Man/FTM  
 Transgender Female/Trans Woman/MTF  
 Gender queer/neither exclusively male nor female  
 Something else  
 Don't know  
 Choose not to disclose
  
2. What sex were you assigned at birth?  
 Male  
 Female  
 Intersex  
 Decline to answer
  
3. What is your preferred name, and what pronouns do you use (e.g., he/him, she/her, they/them)?

### **Intimate Partner Violence**

**Evidence base:** HARK is one of the intimate partner violence screening tests recommended by the Kaiser Family Foundation<sup>7</sup> (visit link to see alternative options) with high sensitivity and specificity for identifying IPV<sup>8</sup>.

**Written or verbal:** We recommend an MA or clinician conduct this screener verbally.

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<sup>7</sup><https://www.kff.org/report-section/intimate-partner-violence-ipv-screening-and-counseling-services-in-clinical-settings-appendices/>

<sup>8</sup> Sohal H, Eldridge S, Feder E. The sensitivity and specificity of four questions (HARK) to identify intimate partner violence: a diagnostic accuracy study in general practice. *BMC Family Practice*. 2007;8(49):3-28.

**Guidance on adaptations:** Question at the end is added to screen for sexual violence by a person other than a partner. HARK questions could be adapted to include cases of violence from people other than partners, like friends, acquaintances, family members, or strangers.

**How to score/interpret:** One point is given for every yes answer. A score of one or more indicates that IPV has been experienced in the last year.

**What a positive score should receive:** See below.

<b>Humiliation, Afraid, Rape, Kick (HARK)</b>	<b>H (Humiliation):</b> Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner?	
	<b>A (Afraid):</b> Within the last year, have you been afraid of your partner or ex-partner?	
	<b>R (Rape):</b> Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?	
	<b>K (Kick):</b> Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?	
<i>Could add this question to assess sexual assault by people other than intimate partners, as required by SRHP standards</i>	Within the last year, have you been raped or forced to have any kind of sexual activity by someone other than your partner, including friends, acquaintances, family members, or strangers?	

If patient answers “YES” to any IPV screener questions, we recommended the following:

1. *For verbal screen:* “Thank you for telling me that. Keeping you safe is part of keeping you healthy. May I ask a colleague to come talk to you and offer some information you may find useful?”
2. Page/summon clinical or case management champion with training in safety planning and knowledge of local resources.
3. Allow adequate time for a colleague to prepare custom referrals prior to engaging the client.
4. Accept if a client declines assistance.
5. Keep IPV and reproductive coercion in mind when recommending clinical services.

## Alcohol and drugs: SBIRT

**Evidence base:** SBIRT (Screening, Brief Intervention and Referral to Treatment) is an evidence-based approach to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders. SBIRT contains an initial 3-question drug and alcohol screener, followed by in-depth follow-up screeners for alcohol use (AUDIT) and drug use (DAST-10). SBIRT is widely used and is the approach adopted by the Substance Abuse and Mental Health Services Administration. There are a wide variety of brief intervention trainings available online through [SAMHSA](#). MDPH also provides funded clinics with a list of reliable training resources for SBIRT that are no- or low-cost and familiar with local resources.

**Written or verbal:** We recommend having the patient self-report using tablet or paper.

**Guidance on adaptations:** We recommend asking the Annual Questionnaire below, which contains three standard questions about alcohol and drug use. If the patient answers “1 or more” to the alcohol use question, you can proceed to asking the full alcohol screening questionnaire (AUDIT). If the patient answers “1 or more” to the drug use question, you can proceed to the full drug abuse screening (DAST-10).

**How to score:** See instructions provided below for AUDIT and DAST-10.

**What a positive score should receive:** A positive score may lead to a referral to drug or alcohol counseling and treatment services, a brief counseling session, or information on safe drug use behaviors.

### Annual Questionnaire

[Link](#) to annual questionnaire (PDF format)

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

Are you currently in recovery for alcohol or substance use?    \_\_\_ Yes \_\_\_ No

**Alcohol:** One drink = 12 oz. beer, 5 oz. wine, 1.5 oz liquor (one shot)

	None	1 or more
<b>MEN:</b> How many times in the past year have you had 5 or more drinks a day?	___	___

<b>WOMEN:</b> How many times in the past year have you had 4 or more drinks a day?	—	—
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**Drugs:** Recreational drugs include methamphetamines (speed, crystal), cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms) or opioids (heroin, fentanyl).

	None	1 or more
How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?	—	—

### Alcohol screening questionnaire (AUDIT)

[Link](#) to AUDIT (alcohol screening questionnaire, PDF format)

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

One drink = 12 oz. beer, 5 oz. wine, 1.5 oz liquor (one shot)

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?	0-2	3 or 4	5 or 6	7-9	10 or more
3. How often do you have five or more drinks on one occasion?	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 because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily



14+	IV - Severe	Someone using alcohol at this level could benefit from more assessment and assistance.	Brief intervention to accept referral to specialty treatment for a full assessment
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**Positive Health Message:** *an opportunity to educate patients about the NIAAA low-risk drinking levels and the risks of excessive alcohol use.*

**Brief Intervention to Reduce Use:** *Patient-centered discussion that uses Motivational Interviewing concepts to raise an individual's awareness of their substance use and enhance their motivation to change behavior. Brief interventions are typically 5-15 minutes, and should occur in the same session as the initial screening. Repeated sessions are more effective than a one-time intervention. The recommended behavior change is to cut back to low-risk drinking levels unless there are other medical reasons to abstain (liver damage, pregnancy, medication contraindications, etc.)*

**Brief Intervention to Reduce or Abstain (Brief Treatment if available) & Follow-up:** *Patients with numerous or serious negative consequences from their alcohol use, or patients who likely have an alcohol use disorder who cannot or are not interested in obtaining specialized treatment, should receive more numerous and intensive BIs with follow-up. The recommended behavior change is to cut back to low-risk drinking levels or abstain from use. Brief treatment is 1 to 5 sessions, each 15-60 minutes. Refer for brief treatment if available. If brief treatment is not available, secure follow-up in 2-4 weeks.*

**Brief Intervention to Accept Referral:** *The focus of the brief intervention is to enhance motivation for the patient to accept a referral to specialty treatment. If accepted, the provider should use a proactive process to facilitate access to specialty substance use disorder treatment for diagnostic assessment and, if warranted, treatment. The recommended behavior change is to abstain from use and accept the referral.*

### Drug Abuse Screening Test (DAST-10)

[Link](#) to DAST-10 (drug abuse screening questionnaire, PDF format)

The following questions concern information about your possible involvement with drugs *not including alcoholic beverages* during the past 12 months.

“Drug abuse” refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions *do not* include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

In the past 12 months....		Circle	
1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Do you abuse more than one drug at a time?	Yes	No
3.	Are you unable to stop abusing drugs when you want to?	Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5.	Do you ever feel bad or guilty about your drug use?	Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7.	Have you neglected your family because of your use of drugs?	Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10.	Have you ever had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?	Yes	No
<b>Scoring:</b> score 1 point for each question answered "Yes", except for question 3 for which "No" receives 1 point.			Score:

Interpretation of Score		
Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1-2	Low level	Monitor, reassess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

## Tobacco Use

**Evidence base:** Tobacco use screening and cessation counseling is rated among the three most effective and efficacious preventive health actions that can be undertaken in a clinical setting. The U.S. Preventive Services Task Force recommends that all adults be asked about tobacco use and provided with tobacco cessation interventions.

**Written or verbal:** We recommend either having the patient self-report using a tablet or paper, or an MA/clinician verbal screen.

**Guidance on adaptations:** While the full series is most helpful and evidence-based, the most important questions to inform care during the visit are 1, 1c, and 1f.

**How to interpret/score:** If the patient responds “yes” to question 1F, they should be referred to a tobacco cessation program. Other questions may inform clinical care provided.

**What a positive score should receive:** If the patient responds “yes” to question 1F, they should be referred to a tobacco cessation program.

Question	Follow-Up
1. Do you smoke or use any tobacco products (cigarettes, cigars, smokeless tobacco, hookah, or electronic cigarettes)?	1b. How old were you when you first started using this/these product(s)?
	1c. How much do you use/smoke each day?
	1d. Have you used any other products?
	1e. Have you ever tried to quit?
	1f. Are you willing to attempt to quit? <i>If yes, referral needed.</i>

## Mental Health

**Evidence base:** The PHQ-9 and PHQ-2 are concise, self-administered tools for assessing depression recommended by the American Psychological Association<sup>9</sup>. They incorporate DSM-IV depression criteria with other leading major depressive symptoms into brief self-report instruments that are commonly used for screening and diagnosis, as well as selecting and monitoring treatment. The diagnostic validity of the PHQ-9 has been established in multiple studies with high sensitivity and specificity.

<sup>9</sup> <https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health>

**Written or verbal:** Because of time, we recommend having the patient self-report on tablet or paper.

**Guidance on adaptations:** The PHQ-2 (two-items) can be used to screen for depression. Patients who screen positive should be further evaluated with the PHQ-9 to determine whether they meet the criteria for depressive disorder.

**How to score:** See instructions below for scoring the PHQ-2 and PHQ-9.

**What a positive score should receive:** Based on the PHQ-9 score, the following is recommended: See table below.

### Patient Health Questionnaire-2 (PHQ-2)

The PHQ-2 inquires about the frequency of depressed mood and anhedonia over the past two weeks. The PHQ-2 includes the first two items of the PHQ-9.

- The purpose of the PHQ-2 is to screen for depression in a “first-step” approach.
- Patients who screen positive should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

Over the <b>last 2 weeks</b> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	+1	+2	+3
2. Feeling down, depressed or hopeless	0	+1	+2	+3

PHQ-2 score obtained by adding score for each question (total points): \_\_\_\_\_

Interpretation:

- A PHQ-2 score ranges from 0-6. The authors identified a score of 3 as the optimal cut-point when using the PHQ-2 to screen for depression.
- If the score is 3 or greater, major depressive disorder is likely.
- Patients who screen positive should be further evaluated with the PHQ-9, other diagnostic instruments, or direct interview to determine whether they meet criteria for a depressive disorder.

### Patient Health Questionnaire-9 (PHQ-9)

The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression.

Over the <b>last 2 weeks</b> , how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	+1	+2	+3
2. Feeling down, depressed or hopeless	0	+1	+2	+3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	+1	+2	+3
4. Feeling tired or having little energy	0	+1	+2	+3
5. Poor appetite or overeating	0	+1	+2	+3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	+1	+2	+3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	+1	+2	+3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	+1	+2	+3
9. Thoughts that you would be better dead or of hurting yourself in some way	0	+1	+2	+3

PHQ-9 score obtained by adding score for each question (total points):

Provisional Diagnosis and Proposed Treatment Actions		
PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0-4	None-minimal	None
5-9	Mild	Watching waiting; repeat PHQ-9 at follow-up
10-14	Moderate	Treatment plan, considering counseling, follow-up and/or psychotherapy



15-19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy
20-27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

## Food and Housing Security

**Evidence base:** These questions are taken from the EveryONE Project, created by the American Academy of Family Physicians, to screen patients for social determinants of health, identify community-based resources to help them, and work with patients to develop an action plan that encompasses social needs to help them overcome health risks and improve outcomes.<sup>10</sup>

**Written or verbal:** We recommend the patient self-report on tablet or paper.

**Guidance on adaptations:** We do not recommend any adaptations

**How to score:** If any answer is red underline, refer to services.

**What a positive score should receive:** Positive scores for either housing or food should lead to referral to community resources and to agencies with which the health center has referral relationships. May include homeless shelter, referral to housing voucher/assistance program, rental assistance, health department, legal aid, animal control, building inspector, local food bank, SNAP, WIC.

### Housing

1. Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in as part of a household?
  - a. Yes
  - b. No
2. Think about the place you live. Do you have problems with any of the following?
  - a. Bug infestation
  - b. Mold
  - c. Lead paint or pipes
  - d. Inadequate heat
  - e. Oven or stove not working
  - f. No or not working smoke detectors
  - g. Water leaks

<sup>10</sup> <https://www.aafp.org/family-physician/patient-care/the-everyone-project/toolkit/assessment.html>



h. None of the above

### Food

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.
  - a. Often true
  - b. Sometimes true
  - c. Never true
4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
  - a. Often true
  - b. Sometimes true
  - c. Never true

If any answer is red underline, refer to services.

### Education and Employment

**Evidence base:** While there are evidence-based screeners for education and employment, they are long and likely out of the purview of the sexual and reproductive health clinical encounter. Instead, providers are encouraged to:

1. Assess health literacy as it pertains to understanding medical information and ability to follow medication instructions
  - The BRIEF Health Literacy Screening Tool is a validated 4-item tool to assess health literacy.<sup>11</sup> It is validated for face-to-face screening but is possible to use written/self-report.
2. Assess interest in referral to GED programs
  - No evidence-base
3. Assess interest in referral to jobs training or assistance with reason for not working (disability, child or elder care, etc.)
  - No evidence-base
4. Assess risk of workplace exposures that affect sexual and reproductive health
  - No evidence-base

**Written or verbal:** We recommend the patient self-report on tablet or paper.

**Guidance on adaptations:** We do not recommend any adaptations

**How to score/interpret:** See below.

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<sup>11</sup> <https://healthliteracy.bu.edu/brief>



**What a positive score should receive:**

1. A positive screen for low health literacy should lead to additional time with the patient to ensure understanding, using simpler language, having the patient repeat directions, and offering written materials at low literacy levels to the patient to take home for reference and to review with a trusted family member/friend.
2. A positive screen for desired degree attainment should lead to referral to a community organization that supports adult learning.
3. A positive screen for desired job training or assistance with reason for not working should lead to a referral to a community organization that offers jobs training programs, social services, assistance with unemployment filing, etc. as indicated by patient need and interest.
4. A positive screen for possible workplace exposures that affect sexual and reproductive health should lead to additional screening for what substances the patient comes in contact with or conditions the patient works in, discussion for how those affect reproductive health while pregnant and not pregnant, discussion of protective safety measures to take at work, possible referral to legal or regulatory agency for workplace protections and rights, and should inform clinical care provided.

**Health Literacy**

**BRIEF: Health Literacy Screening Tool<sup>12</sup>**

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**Please circle the answer that best represents your response.**

1. How often do you have someone help you read hospital materials?
  1. Always
  2. Often
  3. Sometimes
  4. Occasionally
  5. Never
  
2. How often do you have problems learning about your medical condition because of difficulty understanding written information?
  1. Always
  2. Often
  3. Sometimes
  4. Occasionally
  5. Never
  
3. How often do you have a problem understanding what is told to you about your medical condition?

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<sup>12</sup> <https://healthliteracy.bu.edu/brief>

1. Always
  2. Often
  3. Sometimes
  4. Occasionally
  5. Never
4. How confident are you filling out medical forms by yourself?
1. Not at all
  2. A little bit
  3. Somewhat
  4. Quite a bit
  5. Extremely

Clinicians can ask patients these four questions to determine their patients' health literacy level (the degree to which one can read, understand, exchange, and use health information and resources). Each item is worth 1 to 5 points depending on their response (as seen in numbers to the left of the answer options). Add the values for the four responses to get a total score, which can range from a minimum of 4 to a maximum to 20. To interpret scores refer to the following table:

BRIEF	Score	Skills and Abilities
Limited	<b>4-12</b>	Not able to read most low literacy health materials; will need repeated oral instructions; materials should be composed of illustrations or video tapes. Will need low literacy materials; may not be able to read a prescription label.
Marginal	<b>13-16</b>	May need assistance; may struggle with patient education materials.
Adequate	<b>17-20</b>	Will be able to read and comprehend most patient education materials.

### Education

Are you interested in learning about opportunities to earn a GED or complete your education?

1. Yes
2. No

If any answer is red underline, refer to services.

### Employment

Do you have a job?

1. Yes
2. No

If no:

Have you applied for unemployment benefits?

1. Yes
2. No

Are you interested in learning about jobs training programs?

1. Yes
2. No

Are you not working due to a complicating life factor?

1. Yes, disability or illness
2. Yes, child or elder care
3. Yes, transportation challenges
4. Yes, difficulty finding a job
5. Yes, other
6. No

If any answer is red underline, refer to services.

### **Risky Exposures**

At work, are you exposed to any chemicals, materials, or work conditions that concern you or that you do not know if they are safe or affect your health (while pregnant or not)?

1. Yes
2. No

If any answer is red underline, probe for what they experience at work that may be of concern. Clarify if chemical/material/condition is risky/harmful and if so, counsel on protective safety measures, offer possible referral to legal or regulatory agency, and explain to the patient how their work may affect their health, clinical services, and if different during a pregnancy.