

# Screening to Brief Intervention (S2BI) Tool

The following questions will ask about your use, if any, of alcohol, tobacco, and other drugs. Please answer every question by checking the box next to your choice.

## IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED:

### Tobacco?

- Never
- Once or twice
- Monthly
- Weekly or more

*S2BI Tool developed at Boston Children's Hospital with support from the National Institute on Drug Abuse.*

*It is best used in conjunction with "The Adolescent SBIRT Toolkit for Providers" [www.mass.gov/maclearinghouse](http://www.mass.gov/maclearinghouse) (no charge).*

### Alcohol?

- Never
- Once or twice
- Monthly
- Weekly or more

### Marijuana?

- Never
- Once or twice
- Monthly
- Weekly or more

***STOP*** if answers to all previous questions are "never." Otherwise, continue with questions on the back.

**OVER**

**Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?**

- Never
  - Once or twice
  - Monthly
  - Weekly or more
- 

**Illegal drugs (such as cocaine or Ecstasy)?**

- Never
  - Once or twice
  - Monthly
  - Weekly or more
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**Inhalants (such as nitrous oxide)?**

- Never
  - Once or twice
  - Monthly
  - Weekly or more
- 

**Herbs or synthetic drugs (such as salvia, “K2”, or bath salts)?**

- Never
  - Once or twice
  - Monthly
  - Weekly or more
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