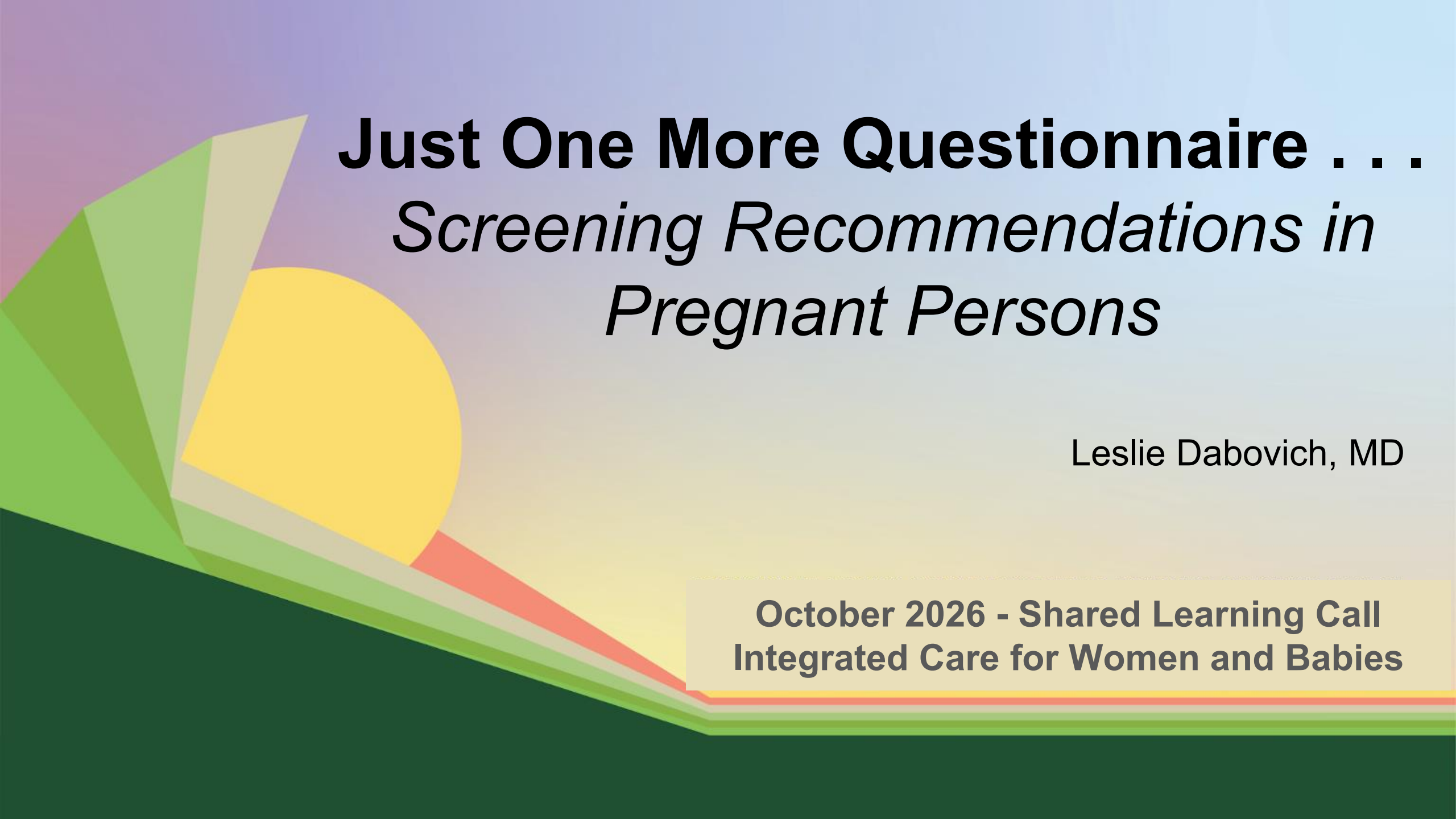




Just One More Questionnaire . . .

Screening Recommendations in Pregnant Persons

Leslie Dabovich, MD

**October 2026 - Shared Learning Call
Integrated Care for Women and Babies**

Disclaimers

None



Objectives

Review the definition and objectives of “screening”

A quick look at common sources of recommendations

Evaluate mental health screening recommendations and common tools used in Depression, Anxiety, and Bipolar Disorder

Safety Screening

SUD Screening

Implementation strategies



Executive Summary & Clinical Screening Objectives

Evidence-based primary care screening aims to identify **asymptomatic** individuals at risk for behavioral health and safety conditions.

Objectives include early detection, timely intervention, and improved patient outcomes.

Implementing standardized screening protocols ensures equitable care and aligns with preventive task force recommendations to reduce morbidity associated with mental health and substance use disorders.



Where the guidelines come from

USPSTF

ACOG

AAP

AAFP

ACP

ACPM

APA



ACOG Committee Opinion #757

- ALL perinatal women should be screened for mental health conditions at least once during the perinatal period for depression and anxiety
- If screening in pregnancy, it should be done AGAIN postpartum
- Depression onset is prior to pregnancy in 27% of pregnant persons, 33% during pregnancy, and 40% postpartum
 - At the first obstetric visit
 - At 24-28 wks gestation
 - At the comprehensive postpartum visit
- More frequent monitoring with + history
- Use something to screen that is:
 - Validated/accepted
 - Routine
 - Free
 - Easy
 - Available in multiple languages
- Workflow is clinic dependent
- Talk about it like all other medical conditions to reduce stigma



Mental Health Screenings: Depression

The USPSTF recommends routine screening for major depressive disorder (MDD) in all adults aged 19 and older, including pregnant, postpartum, and older adults aged 65 and older.

Screening Tools:

- **PHQ-2 (Patient Health Questionnaire-2):** A brief 2-item tool used for initial screening.
- **PHQ-9:** A more comprehensive 9-item scale completed if the PHQ-2 is positive.
- **EPDS (Edinburgh Postnatal Depression Scale):** Specifically validated for perinatal and postpartum patients.
- **GDS (Geriatric Depression Scale):** Used for older adult populations.



PHQ - 2

Over the last 2 weeks, how often have you been bothered by the following problems?

Little interest or pleasure in doing things

___ 0

___ 1

___ 2

___ 3

Not at all
every day

Several days

More than half

Nearly

the days

Feeling down, depressed, or hopeless

___ 0

___ 1

___ 2

___ 3

Not at all

Several days

More than half

Nearly



PHQ-9

Over the last 2 weeks, 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 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 are a failure or have let yourself or 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 off dead, or of hurting yourself in some way	0	1	2	3
TOTAL SCORE (add the marked numbers):					



EPDS

1. I have been able to laugh and see the funny side of things ☐ As much as I always could ☐ Not quite so much now ☐ Definitely not so much now ☐ Not at all	6. * Things have been getting on top of me ☐ Yes, most of the time I haven't been able to cope at all ☐ Yes, sometimes I haven't been coping as well as usual ☐ No, most of the time I have coped quite well ☐ No, I have been coping as well as ever
2. I have looked forward with enjoyment to things ☐ As much as I ever did ☐ Rather less than I used to ☐ Definitely less than I used to ☐ Hardly at all	7. * I have been so unhappy that I have had difficulty sleeping ☐ Yes, most of the time ☐ Yes, sometimes ☐ Not very often ☐ No, not at all
3. * I have blamed myself unnecessarily when things went wrong ☐ Yes, most of the time ☐ Yes, some of the time ☐ Not very often ☐ No, never	8. * I have felt sad or miserable ☐ Yes, most of the time ☐ Yes, quite often ☐ Not very often ☐ No, not at all
4. I have been anxious or worried for no good reason ☐ No, not at all ☐ Hardly ever ☐ Yes, sometimes ☐ Yes, very often	9. * I have been so unhappy that I have been crying ☐ Yes, most of the time ☐ Yes, quite often ☐ Only occasionally ☐ No, never
5. I have felt scared or panicky for no very good reason ☐ Yes, quite a lot ☐ Yes, sometimes ☐ No, not much ☐ No, not at all	10. * The thought of harming myself has occurred to me ☐ Yes, quite often ☐ Sometimes ☐ Hardly ever ☐ Never



Other Depression Screeners

Self-Reported

- **Beck Depression Inventory (BDI or BDI-II):** 21-items. Assesses the severity of cognitive, affective, and somatic depressive symptoms over the preceding two weeks.
- **Center for Epidemiologic Studies Depression Scale (CES-D):** 20-item scale. Designed to measure depressive symptomology in the general population.
- **Zung Self-Rating Depression Scale:** 20-item questionnaire. Measuring psychological and somatic symptoms of depression.
- **Depression, Anxiety, and Stress Scale (DASS-21):** 21-item instrument. Measures the three related negative emotional states of depression, anxiety, and stress.
- **Quick Inventory of Depressive Symptomatology Self-Report (QIDS-SR):** 16-items. Evaluates core DSM-criteria domains of depression.

Clinician-Administered

- **Hamilton Rating Scale for Depression (HAM-D or HDRS):** A 17- to 21-item clinician-administered scale used to quantify the severity of depressive symptoms.
- **Montgomery-Åsberg Depression Rating Scale (MADRS):** A 10-item clinician-rated scale specifically sensitive to changes in depressive severity over the course of trt.

Specialized & Population-Specific Screens

- **Geriatric Depression Scale (GDS):** A 15- or 30-item yes/no self-report or interview tool tailored for older adults to minimize somatic confounding.
- **Cornell Scale for Depression in Dementia (CSDD):** A 19-item scale combining patient and informant ratings for individuals with cognitive impairment or dementia.
- **Patient Health Questionnaire for Adolescents (PHQ-A):** A version of the PHQ adapted and validated for adolescents aged 12 to 17.
- **Hospital Anxiety and Depression Scale (HADS):** A 14-item scale (7 items for anxiety, 7 for depression) designed to screen for distress in non-psychiatric hospital and medical populations.

Suicide

Adults, including pregnant and postpartum persons, and older adults (65 years or older)	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for suicide risk in the adult population, including pregnant and postpartum persons, as well as older adults.	I
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Insufficient evidence for universal screening BUT . . .
If SI is identified on question 9 of the PHQ9, a validated Suicide Risk Assessment should be completed by a clinician

- **Columbia-Suicide Severity Rating Scale (C-SSRS) Screener:** A 3-to-6 question tool that evaluates the severity of ideation, explicit intent, and concrete plans.
- [Ask Suicide-Screening Questions \(ASQ\)](#): A brief 4-item tool frequently utilized in pediatric, adolescent, and emergency settings.
- [SAFE-T \(Suicide Assessment Five-Step Evaluation and Triage\)](#): A comprehensive framework to identify risk factors, protective factors, and appropriate triage levels.

C-SSRS

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
	YES	NO
Ask questions that are bolded and <u>underlined</u> .		
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>	Low Risk	
2) <u>Have you actually had any thoughts of killing yourself?</u>	Low Risk	
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."	Moderate Risk	
4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them."	High Risk	
5) <u>Have you started to work out or worked out the details of how to kill yourself?</u> <u>Do you intend to carry out this plan?</u>	High Risk	
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past three months?</u>	High Risk	Moderate Risk

- Low Risk
- Moderate Risk
- High Risk



ASQ

asQ NIMH TOOLKIT: SCREENING TOOL FOR YOUTH AND ADULTS Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead? ☐ Yes ☐ No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead? ☐ Yes ☐ No
3. In the past week, have you been having thoughts about killing yourself? ☐ Yes ☐ No
4. Have you ever tried to kill yourself? ☐ Yes ☐ No
If yes, when was the most recent attempt? ☐ Within last 12 months ☐ Over 1 year ago

If patient answers **Yes** to any of Questions #1 through #4, ask the following acuity question:

5. Are you having thoughts of killing yourself right now? ☐ Yes ☐ No
If yes, describe briefly: _____

Screening result and next steps:

No to all Questions #1–#4

Negative screen

No intervention is necessary at this time.
NOTE: Clinical judgment can always override a negative screen.

Yes to any of Questions #1–#4 and...

Yes to Question #5

Acute positive screen (imminent/acute risk identified)

- Patient requires a **STAT/urgent safety/full mental health evaluation. Patient cannot leave until evaluated for safety.**
- Keep patient in sight. Remove dangerous objects from room (if possible).
- Alert clinician responsible for patient's care.

No to Question #5

Non-acute positive screen (potential risk identified)

- Patient needs a **brief** suicide safety assessment to determine if a **full** mental health evaluation is needed (and when).
EXCEPTIONS: When positive screen is solely due to Yes on Question #4 (i.e., lifetime suicide attempt), then a brief suicide safety assessment may not be necessary if:
For adults: most recent attempt is >1 year ago
For youth/young adults (e.g. under age 25): most recent attempt is >1 year ago AND a documented brief suicide safety assessment has been conducted since that attempt
- Non-acute positive status does NOT require 1-to-1 observation while patient is awaiting further assessment (unless there are other safety concerns).
- If adult patient, or parent/guardian of youth patient, refuses the brief suicide safety assessment, document the refusal. **Patient can be permitted to leave, unless there are other safety concerns.** Follow-up call is recommended.
- Alert clinician responsible for patient's care.

If the patient refuses to answer the screening questions:

- For youth, refusal is considered a **non-acute positive screen**.
- For adults, refusal is NOT considered a positive screen. No intervention is necessary at this time unless there are other safety concerns. Document the refusal.

Provide resources to all patients:

- 988 Suicide and Crisis Lifeline: call or text 988, and 988lifeline.org
- Crisis Text Line: text HOME or HOLA to 741741, and www.crisistextline.org



asQ Toolkit: www.nimh.nih.gov/asq

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SAFE-T

SAFE-T SUICIDE ASSESSMENT

Five-Step EVALUATION AND TRIAGE

- 1 IDENTIFY RISK FACTORS**
Note those that can be modified to reduce risk
- 2 IDENTIFY PROTECTIVE FACTORS**
Note those that can be enhanced
- 3 CONDUCT SUICIDE INQUIRY**
Suicidal thoughts, plans, behavior, method, and intent
- 4 DETERMINE RISK LEVEL & INTERVENTION**
Determine risk. Choose appropriate intervention to address and reduce risk.
- 5 DOCUMENT**
Assessment of risk, rationale, intervention, and follow-up

Suicide assessments should be conducted (1) at first contact; (2) with any subsequent suicidal behavior, increased ideation, or pertinent clinical change; (3) prior to changes in behavioral health treatment; and (4) at inpatient discharge.

SAMHSA
Substance Abuse and Mental Health
Services Administration



1. RISK FACTORS¹

- Prior suicide attempt(s)
- Alcohol or substance use
- History of mental health concerns, particularly depression and other mood disorders
- Access to lethal means, including firearms
- Knowing someone who died by suicide, particularly a family member
- Social isolation
- Chronic disease and/or disability
- Lack of access to behavioral health care
- Prolonged feelings of hopelessness

POPULATIONS AT INCREASED RISK FOR SUICIDE

- American Indian, Alaska Native, and Tribal communities
- Black youth
- Rural communities
- LGBTQI + youth and young adults
- Middle-aged men
- Older adults

2. PROTECTIVE FACTORS¹

Note: Protective factors, even if present, may not counteract significant acute risk

- Connectedness to people, family, community, and social supports
- Effective behavioral health care
- Life skills (including problem-solving skills, coping skills, emotional regulation, ability to adapt to change)
- Self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide
- No access to lethal means

¹<https://sprc.org/risk-and-protective-factors>

3. SUICIDE INQUIRY

Specific questioning about thoughts, plans, behaviors, intent

- **Ideation:** Frequency, intensity, duration—in last 48 hours, past month, and worst ever
- **Plan:** Timing, location, lethality, availability, preparatory acts
- **Behaviors:** Past attempts, aborted attempts, rehearsals versus non-suicidal self-injurious actions
- **Intent:** Extent to which the patient (1) expects to carry out the suicide plan and (2) believes the plan/act to be lethal. Explore ambivalence: reasons to die versus reasons to live

For Youth: Ask parent/guardian about history of suicidal thoughts, plans, or behaviors, and changes in mood, behaviors, or disposition.

4. RISK LEVEL/INTERVENTION

- **Assessment of risk level** is based on clinical judgment, after completing steps 1–3
- **Reassess** as patient or environmental circumstances change
- **Develop** a safety plan for all individuals at low, moderate, and high risk levels

RISK LEVEL	RISK/PROTECTIVE FACTOR	SUICIDALITY	POSSIBLE INTERVENTIONS
HIGH	Individuals experiencing severe behavioral health symptoms or acute precipitating event; protective factors not relevant	Suicidal ideation with plan (when and where), method (how), and intent to carry out the suicide plan	Emergency psychiatric treatment in a secure setting may be necessary unless a significant change reduces risk
MODERATE	Multiple risk factors, experiences some elevated behavioral health symptoms, and few protective factors	Suicidal ideation with plan, but no intent or behavior	Admission may be necessary depending on risk factors. Give emergency/crisis numbers to include the 988 Lifeline
LOW	Manageable risk factors, strong protective factors	Thoughts of death, no plan, intent, or behavior	Outpatient referral with a warm handoff, symptom reduction. Give emergency/crisis numbers, 988 Lifeline

Note: This chart is intended to serve as an example of a range of risk levels and interventions, not actual determinations.

5. DOCUMENT

Document: Risk level and rationale; treatment plan to address/reduce current risk (e.g., safety plan, medication, psychotherapy, contact with significant others, consultation, etc.); counseling on access to lethal means; follow-up plan. Patients/clients should receive a copy of their safety plan. For youth, the treatment plan should include roles for parent/guardian/supportive adult.

SUICIDE PREVENTION RESOURCES

988 Suicide & Crisis Lifeline, call or text 988 or chat at 988lifeline.org for 24/7 support
samhsa.gov/find-help/988

- Download this and additional resources at store.samhsa.gov
- SAMHSA's Suicide Prevention webpage: samhsa.gov/mental-health/suicide
- The 2024 National Strategy for Suicide Prevention and Federal Action Plan: hhs.gov/programs/prevention-and-wellness/mental-health-substance-abuse/national-strategy-suicide-prevention/index.html
- Suicide Prevention Resource Center: <https://sprc.org>
- National Action Alliance for Suicide Prevention: <https://theactionalliance.org>
- American Foundation for Suicide Prevention: <https://afsp.org>
- 988 End Cards for Media: samhsa.gov/find-help/988/partner-toolkit/end-cards-media

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Mental Health Screenings: Anxiety Disorders

Routine screening is recommended for adults aged 64 or younger, including pregnant and postpartum individuals. For adults aged 65 and older, evidence is insufficient to universally recommend screening, so clinical judgment should guide the choice.

Screening Tools:

- **GAD-2 (Generalized Anxiety Disorder-2):** A quick initial assessment.
- **GAD-7:** A comprehensive tool used if the initial brief screen indicates potential anxiety.



GAD -2

Over the past 2 weeks, how often have you been bothered by the following problems?

Feeling nervous, anxious, or on edge

___ 0

___ 1

___ 2

___ 3

Not at all
every day

Several days

More than half

Nearly

the days

Not being able to stop or control worrying

___ 0

___ 1

___ 2

___ 3

Not at all
every day

Several days

More than half

Nearly



GAD - 7

Questionnaire: Generalized Anxiety Disorder Seven (GAD-7)

For each statement below, please tick the box that best corresponds to your experience in the last two weeks

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	☐ 0	☐ 1	☐ 2	☐ 3
2. Not being able to stop or control worrying	☐ 0	☐ 1	☐ 2	☐ 3
3. Worrying too much about different things	☐ 0	☐ 1	☐ 2	☐ 3
4. Trouble relaxing	☐ 0	☐ 1	☐ 2	☐ 3
5. Being so restless that it is hard to sit still	☐ 0	☐ 1	☐ 2	☐ 3
6. Becoming easily annoyed or irritable	☐ 0	☐ 1	☐ 2	☐ 3
7. Feeling afraid as if something awful might happen	☐ 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 off dead or of hurting yourself in some way	☐ 0	☐ 1	☐ 2	☐ 3
(Office use only) Total score =				

	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	☐	☐	☐	☐

Developed by Drs Robert L Spitzer, Janet BW Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission is required to reproduce, translate, display or distribute. See: phqscreeners.com.



Other Anxiety Screens

- **HADS (Hospital Anxiety and Depression Scale):** 14-items. Split evenly between anxiety and depression subscales.
- **BAI (Beck Anxiety Inventory):** 21-item questionnaire. Focuses heavily on the physical (somatic) symptoms of anxiety, such as sweating, trembling, and a racing heart.
- **STAI (State-Trait Anxiety Inventory):** 40-items. Differentiates between "**state anxiety**" (temporary anxiety triggered by a specific situation) and "**trait anxiety**" (a person's long-standing, baseline tendency to be anxious).
- **DSM-5 Standardized Severity Measures:** Specific, validated trackable scales for distinct disorders, including Panic Disorder, Social Anxiety Disorder, Agoraphobia, etc
- **GAS & GAI (Geriatric Anxiety Scale / Inventory):** Standard tools specially validated to account for the unique ways anxiety presents in older adults.
- **SCARED (Screen for Child Anxiety Related Disorders):** 41-item tool for children ages 8 to 18 that checks for panic, generalized anxiety, separation anxiety, and social phobias.
- **Abbreviated SCARED:** 5 items
- **PSC-17 (Pediatric Symptom Checklist):** A broader behavioral screening tool that includes subscales specifically to catch pediatric internalizing issues like anxiety.



Mental Health Screenings: Bipolar Disorder & Pharmacotherapy Safety

While the USPSTF does not have a standalone routine screening directive for the general population, major groups like the American College of Obstetricians and Gynecologists (ACOG) strongly recommend screening for bipolar disorder before initiating pharmacotherapy (antidepressants) for anxiety or depression to avoid triggering manic episodes.

Screening Tools:

- **MDQ (Mood Disorder Questionnaire):** A 5-item self-report instrument widely utilized in primary care to determine the likelihood of Bipolar I.
- **CIDI (Composite International Diagnostic Interview) - SF (Short Form)** - 12 yes/no questions that can be self reported or clinician administered
- **RMS (Rapid Mood Screener)** - Brief, 6 yes/no questions. Preferred by AAFP



MDQ

Mood Disorder Questionnaire (MDQ)

Name: _____ Date: _____

Instructions: Check (✓) the answer that best applies to you.

Please answer each question as best you can.

	Yes	No
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	☐	☐
...you were so irritable that you shouted at people or started fights or arguments?	☐	☐
...you felt much more self-confident than usual?	☐	☐
...you got much less sleep than usual and found you didn't really miss it?	☐	☐
...you were much more talkative or spoke faster than usual?	☐	☐
...thoughts raced through your head or you couldn't slow your mind down?	☐	☐
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	☐	☐
...you had much more energy than usual?	☐	☐
...you were much more active or did many more things than usual?	☐	☐
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	☐	☐
...you were much more interested in sex than usual?	☐	☐
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	☐	☐
...spending money got you or your family in trouble?	☐	☐
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? <i>Please check 1 response only.</i>	☐	☐
3. How much of a problem did any of these cause you — like being able to work; having family, money, or legal troubles; getting into arguments or fights? <i>Please check 1 response only.</i>		
☐ No problem ☐ Minor problem ☐ Moderate problem ☐ Serious problem		
4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	☐	☐
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	☐	☐

This questionnaire should be used as a starting point. It is not a substitute for a full medical evaluation. Bipolar disorder is a complex illness, and **an accurate, thorough diagnosis can only be made through a personal evaluation by your doctor.**

Adapted from Hirschfeld R, Williams J, Spitzer RL, et al. Development and validation of a screening instrument for bipolar spectrum disorder: the Mood Disorder Questionnaire. *Am J Psychiatry.* 2000;157:1873-1875.



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CIDI

CIDI-based Bipolar Disorder Screening Scale

Stem Questions

Euphoria Stem Question

1. Some people have periods lasting several days when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money.

Have you ever had a period like this lasting several days or longer?

If this question is endorsed, the next question (the irritability stem question) is skipped and the respondent goes directly to the Criterion B screening question

Irritability Stem Question

2. Have you ever had a period lasting several days or longer when most of the time you were so irritable or grouchy that you either started arguments, shouted at people or hit people?

Criterion B Screening Question

3. People who have episodes like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in many ways they would normally think inappropriate.
Did you ever have any of these changes during your episodes of being excited and full of energy or very irritable or grouchy?

Criterion B Symptom Questions

Think of an episode when you had the largest number of changes like these at the same time. During that episode, which of the following changes did you experience?

1. Were you so irritable that you either started arguments, shouted at people, or hit people?
This first symptom question is asked only if the euphoria stem question (#1 above) is endorsed
2. Did you become so restless or fidgety that you paced up and down or couldn't stand still?
3. Did you do anything else that wasn't usual for you—like talking about things you would normally keep private, or acting in ways that you would usually find embarrassing?
4. Did you try to do things that were impossible to do, like taking on large amounts of work?
5. Did you constantly keep changing your plans or activities?
6. Did you find it hard to keep your mind on what you were doing?
7. Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?
8. Did you sleep far less than usual and still not get tired or sleepy?
9. Did you spend so much more money than usual that it caused you to have financial trouble?



RMS

1.	Have there been at least 6 different periods of time (at least 2 weeks) when you felt deeply depressed?	Yes ☐	No ☐
2.	Did you have problems with depression before the age of 18?	Yes ☐	No ☐
3.	Have you ever had to stop or change your antidepressant because it made you highly irritable or hyper?	Yes ☐	No ☐
4.	Have you ever had a period of at least 1 week during which you were more talkative than normal with thoughts racing in your head?	Yes ☐	No ☐
5.	Have you ever had a period of at least 1 week during which you felt any of the following: unusually happy; unusually outgoing; or unusually energetic?	Yes ☐	No ☐
6.	Have you ever had a period of at least 1 week during which you needed much less sleep than usual?	Yes ☐	No ☐



Safety Screenings: Intimate Partner Violence (IPV)

The USPSTF strongly recommends screening all women of reproductive age, alongside individuals who are pregnant or postpartum, during regular intervals such as annual or prenatal visits.

Screening Tools:

- HITS (Hurt, Insult, Threaten, Scream)
- HARK (Humiliation, Afraid, Rape, Kick)
- WAST (Woman Abuse Screening Tool)



HITS

HITS Tool for Intimate Partner Violence Screening: Please read each of the following activities and fill in circle that best indicates the frequency with which your partner acts in the way depicted.

How often does your partner?	Never	Rarely	Sometimes	Fairly often	Frequently
1. Physically hurt you	☐	☐	☐	☐	☐
2. Insult or talk down to you	☐	☐	☐	☐	☐
3. Threaten you with harm	☐	☐	☐	☐	☐
4. Scream or curse at you	☐	☐	☐	☐	☐
	1	2	3	4	5

E-HITS- Added Question - 5. Force you to have sexual activities



HARK

1. Within the last year, have you been humiliated or emotionally abused in other ways by your partner or ex-partner?

☐ Yes

☐ No

2. Within the last year, have you been afraid of your partner or ex-partner?

☐ Yes

☐ No

3. Within the last year, have you been raped or forced to have any kind of sexual activity by your partner or ex-partner?

☐ Yes

☐ No

4. Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?

☐ Yes

☐ No

5. Total score [HARK]

Each HARK question is equal to 1 point if the patient answers "yes" with a total score range from 0 to 4. A HARK score of ≥ 1 indicates the patient is affected by interpersonal violence (IPV). [PMID: 17727730]



WAST

WAST	3	2	1
1 In general, how would you describe your relationship?	Alot of Tension	Some Tension	No Tension
2 Do you and your partner work out arguments with:	Great Difficulty	Some Difficulty	No Difficulty
3 Do arguments ever result in you feeling down or bad about yourself?	Often	Sometimes	Never
4 Do arguments ever result in hitting, kicking or pushing?	Often	Sometimes	Never
5 Do you ever feel frightened by what your partner says or does?	Often	Sometimes	Never
6 Has your partner ever abused you physically?	Often	Sometimes	Never
7 Has your partner ever abused you emotionally?	Often	Sometimes	Never
8 Has your partner ever abused you sexually?	Often	Sometimes	Never
Total			



Additional IPV Screens

- **PVS** (Partner Violence Screen): A 3-item brief screening tool that asks about physical abuse, safety/fear of a partner, and abuse in past relationships. [\[1, 2\]](#)
- **AAS** (Abuse Assessment Screen): A 5-item tool (often used in prenatal or primary care) that evaluates the frequency, severity, and perpetrator of physical and sexual abuse. [\[1, 2\]](#)
- **STaT** (Slapped, Threatened, and Throw): A 3-question tool designed to quickly screen for physical and psychological abuse. [\[1\]](#)
- **RAT** (Relationship Assessment Tool): A brief instrument used to identify relationship stress, coercion, and violence.
- **Danger Assessment (DA)** (or DA-LE): A 20-item instrument used to assess the risk of severe injury or lethality (homicide) in abusive relationships. [\[1, 2\]](#)
- **LAP** (Lethality Assessment Program): An 11-question tool used by first responders and police to connect high-risk victims immediately to shelter and advocacy services. [\[1, 2\]](#)



Substance Use Screenings: Drug & Alcohol Assessment

Routine screening is recommended for adults aged 18 and older. This relies on verbal or written questions regarding illegal drug use or non-prescribed use of prescription drugs, rather than biological specimen testing like urine or blood tests.

Screening Tools:

- **S2BI** - Adolescents, very brief → + screen requires assessment
- **DAST-10** (Drug Abuse Screening Test) - adult and teen versions
- **TAPS** (Tobacco, Alcohol, Prescription medication, and other Substance use) - replaced NIDA
- **AUDIT / AUDIT-C** (Alcohol Use Disorders Identification Test): Specifically for alcohol
- **CUDIT - R** (Cannabis Use Disorders Test -revised)
- **5 Ps** - Specific to pregnancy
- **ASSIST** (Alcohol, Smoking, and Substance Involvement Screening Test)
- **CRAFFT** (Car, Relax, Alone, Forget, Friends, Trouble Screening Test)
- **POSIT** (Problem-Oriented Screening Instrument for Teenagers) - adolescents



S2BI

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" 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

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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SA3542
MAY 2015



TAPS

Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) screening tool

The TAPS should be electronically self-administered to a patient or administered via interview by a health professional.

There are two components. TAPS 1 screens for tobacco, alcohol, illicit drugs, and non-medical use of prescription drugs. If an individual reports other than "never" on any question, then substance-specific TAPS 2 questions should assess risk level for each reported substance.

TAPS 1:

1. In the PAST 12 MONTHS, how often have you used any tobacco product (for example, cigarettes, ecigarettes, cigars, pipes, or smokeless tobacco)?	Daily or almost daily	Weekly	Monthly	Less than monthly	Never
2. In the PAST 12 MONTHS, how often have you had 4 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor	Daily or almost daily	Weekly	Monthly	Less than monthly	Never
3. In the PAST 12 MONTHS, how often have you used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?	Daily or almost daily	Weekly	Monthly	Less than monthly	Never
4. In the PAST 12 MONTHS, how often have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you? Prescription medications that may be used this way include: Opiate pain relievers (for example, OxyContin, Vicodin, Percocet, Methadone) Medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin) Medications for ADHD (for example, Adderall or Ritalin)	Daily or almost daily	Weekly	Monthly	Less than monthly	Never

TAPS 2:

1. In the PAST 3 MONTHS, did you smoke a cigarette containing tobacco? If "Yes", answer the following two questions:	Yes	No
a) In the PAST 3 MONTHS, did you usually smoke more than 10 cigarettes each day?	Yes	No
b) In the PAST 3 MONTHS, did you usually smoke within 30 minutes after waking?	Yes	No
2. In the PAST 3 MONTHS, did you have a drink containing alcohol? If "Yes", answer the following two questions:	Yes	No
a) In the PAST 3 MONTHS, did you have 4 or more drinks containing alcohol in a day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.	Yes	No

3. In the PAST 3 MONTHS, did you use marijuana (hash, weed)? If "Yes", answer the following two questions:	Yes	No
a) In the PAST 3 MONTHS, have you had a strong desire or urge to use marijuana at least once a week or more often?	Yes	No
b) In the PAST 3 MONTHS, has anyone expressed concern about your use of marijuana?	Yes	No
4. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth)? If "Yes", answer the following two questions:	Yes	No
a) In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth) at least once a week or more often?	Yes	No
b) In the PAST 3 MONTHS, has anyone expressed concern about your use of cocaine, crack, or methamphetamine (crystal meth)?	Yes	No
5. In the PAST 3 MONTHS, did you use heroin? If "Yes", answer the following two questions:	Yes	No
a) In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop using heroin?	Yes	No
b) In the PAST 3 MONTHS, has anyone expressed concern about your use of heroin?	Yes	No
6. In the PAST 3 MONTHS, did you use a prescription opiate pain reliever (for example, Percocet, Vicodin) not as prescribed or that was not prescribed for you? If "Yes", answer the following two questions:	Yes	No
a) In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop using an opiate pain reliever?	Yes	No
b) In the PAST 3 MONTHS, has anyone expressed concern about your use of an opiate pain reliever?	Yes	No
7. In the PAST 3 MONTHS, did you use a medication for anxiety or sleep (for example, Xanax, Ativan, or Klonopin) not as prescribed or that was not prescribed for you? If "Yes", answer the following two questions:	Yes	No
a) In the PAST 3 MONTHS, have you had a strong desire or urge to use medications for anxiety or sleep at least once a week or more often?	Yes	No
b) In the PAST 3 MONTHS, has anyone expressed concern about your use of medication for anxiety or sleep?	Yes	No
8. In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) not as prescribed or that was not prescribed for you? If "Yes", answer the following two questions:	Yes	No
a) In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) at least once a week or more often?	Yes	No
b) In the PAST 3 MONTHS, has anyone expressed concern about your use of a medication for ADHD (for example, Adderall or Ritalin)?	Yes	No
9. In the PAST 3 MONTHS, did you use any other illegal or recreational drug (for example, ecstasy/molly, GHB, poppers, LSD, mushrooms, special K, bath salts, synthetic marijuana ('spice'), whip-its, etc.)? If "Yes", answer the following question:	Yes	No
a) In the PAST 3 MONTHS, what were the other drug(s) you used?		



AUDIT/AUDIT-C

Alcohol screening questionnaire (AUDIT)

Our clinic asks all patients about alcohol use at least once a year. 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 equals:



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 four 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
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, in 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, in the last year
	0	1	2	3	4

Have you ever been in treatment for alcohol use? ☐ Never ☐ Currently ☐ In the past

I II III IV
M: 0-4 5-14 15-19 20+
W, GM, ≥65: 0-3 4-12 13-19 20+

Innovation Program

OF COLORADO
MEDICAL CAMPUS



INTEGRATED CARE
FOR WOMEN AND BABIES

DAST - 10

<https://sbirtcolorado.org/clinical-tools-resources>



Screening, Brief Intervention, Referral to Treatment DRUG ABUSE SCREEN TEST / DAST-10

The questions included in the DAST-10 concern information about possible involvement with drugs not including alcoholic beverages during the past 12 months.

In the statements, "drug use" refers to (1) the use of prescribed or over the counter drugs in excess of the directions and (2) any non-medical use of drugs. The various classes of drugs may include: cannabis (marijuana, hashish), solvents, tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed) hallucinogens (e.g., LSD) or narcotics (e.g., heroin).

In the past 12 months:	Circle response	
1. Have you used drugs other than those required for medical reasons?	Yes	No
2. Do you use more than one drug at a time?	Yes	No
3. Are you always able to stop using drugs when you want to?	Yes	No
4. Have you had "blackouts" or "flashbacks" as a result of your 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 had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	Yes	No

Developed on 07/15/2008. For more information, go to www.healthbearsuicks.org or call (303) 446-7200.



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INTEGRATED CARE
FOR WOMEN AND BABIES

ASSIST

ASSIST screening tool

Patient name: _____

Date of birth: _____

The ASSIST is designed to be administered by a health professional as part of a verbal interview with an adult patient. Alternatively, it can be self-administered electronically, applying automatic skip patterns based on patient answers.

The ASSIST can be modified based on which substances are screened for and what language is used to describe these substances. This version screens for non-medical drug use only, and uses language that defines misuse of three types of prescription drugs.

Sample introductory text: "Thank you for taking part in this brief interview about recreational drug use. I'm going to ask some questions about your experience using these substances in your life and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills."

Question 1

In your life, which of the following substances have you <u>ever</u> used?	No	Yes
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	3
b. Cocaine (coke, crack, etc.)	0	3
c. Prescription stimulants just for the feeling, more than prescribed, or that were not prescribed for you. (Ritalin, Adderall, diet pills, etc.)	0	3
d. Methamphetamine (meth, crystal, speed, ecstasy, molly, etc.)	0	3
e. Inhalants (nitrous, glue, paint thinner, poppers, whippets, etc.)	0	3
f. Sedatives just for the feeling, more than prescribed, or that were not prescribed for you. (sleeping pills, Valium, Xanax, tranquilizers, benzos, etc.)	0	3
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	3
h. Street opioids (heroin, opium, etc.)	0	3
i. Prescription opioids just for the feeling, more than prescribed, or that were not prescribed for you. (Fentanyl, Oxycodone, OxyContin, Percocet, Vicodin, methadone, Buprenorphine, etc.)	0	3
j. Any other drugs to get high. Specify: _____	0	3

Patients who answer "no" to all questions, or who do not provide any answers, are done. Patients who answer "yes" to any question should proceed to Question 2.

Question 2

In the <u>past three months</u> , how often have you used the substances you mentioned (FIRST DRUG, SECOND DRUG, ETC)?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
[FIRST DRUG]	0	2	3	4	6
[SECOND DRUG]	0	2	3	4	6
[THIRD DRUG]	0	2	3	4	6
[Etc.]	0	2	3	4	6

Patients who answer "never" for all drugs on question 2, or who do not provide any answers, should skip to Question 6. All other patients proceed to Question 3.

Question 3

During the <u>past three months</u> , how often have you had a strong desire or urge to use (FIRST DRUG, SECOND DRUG, ETC)?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
[FIRST DRUG]	0	3	4	5	6
[SECOND DRUG]	0	3	4	5	6
[THIRD DRUG]	0	3	4	5	6
[Etc.]	0	3	4	5	6

Question 4

During the <u>past three months</u> , how often has your use of (FIRST DRUG, SECOND DRUG, ETC) led to health, social, legal or financial problems?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
[FIRST DRUG]	0	4	5	6	7
[SECOND DRUG]	0	4	5	6	7
[THIRD DRUG]	0	4	5	6	7
[Etc.]	0	4	5	6	7

Question 5

During the <u>past three months</u> , how often have you failed to do what was normally expected of you because of your use of (FIRST DRUG, SECOND DRUG, ETC)?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
[FIRST DRUG]	0	5	6	7	8
[SECOND DRUG]	0	5	6	7	8
[THIRD DRUG]	0	5	6	7	8
[Etc.]	0	5	6	7	8

Question 6

Has a friend or relative or anyone else ever expressed concern about your use of (FIRST DRUG, SECOND DRUG, ETC)?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
[FIRST DRUG]	0	6	3
[SECOND DRUG]	0	6	3
[THIRD DRUG]	0	6	3
[Etc.]	0	6	3

Question 7

Have you ever tried and failed to control, cut down or stop using (FIRST DRUG, SECOND DRUG, ETC)?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
[FIRST DRUG]	0	6	3
[SECOND DRUG]	0	6	3
[THIRD DRUG]	0	6	3
[Etc.]	0	6	3

Question 8

Have you ever used any drug by injection? (NON-MEDICAL USE ONLY)	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months

Patients who answer "Yes, in the past 3 months" for Question 8 should be asked the two extra drug injection questions below. All other patients are finished.

Extra drug injection questions

During the past three months, how often have you injected drugs?	Once per week or less	More than once per week
During the past three months, have you ever injected drugs three or more days in a row?	Yes	No



5 Ps

5Ps SCREENING TOOL

For pregnant patients

Patient name: _____ DOB: _____

☐ 1st trimester ☐ 2nd trimester ☐ 3rd trimester ☐ Other: _____

Screening name: _____ Date of screening: _____

People who are pregnant should be screened for the following morbidities every trimester, as interviewed by a health professional. Sample introduction:

"The health of people who are pregnant, as well as their children, can be affected by alcohol, drugs, tobacco, depression, and being controlled by a partner. Pregnant people and their children are also affected when these same problems are present in their closest relationships. By answering these questions, we can provide you with better care."

1. Did any of your parents have a problem with alcohol or other drug use?	PARENTS	☐ YES	☐ NO
2. Do any of your friends have a problem with alcohol or other drug use?	PEERS	☐ YES	☐ NO
3. Does your partner have a problem with alcohol or other drug use?	PARTNER	☐ YES	☐ NO
4. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?	PAST	☐ YES	☐ NO
5. In the past month, have you drunk any alcohol or used other drugs? - How many days per month do you drink? _____ - How many drinks on any given day? _____ - How often did you have four or more drinks per day in the last month? _____	PRESENT	☐ YES	☐ NO
6. "In the past 30 days, have you smoked cigarettes or used any other forms of tobacco (cigars, pipe, smokeless tobacco, electronic cigarettes)?"	TOBACCO	☐ YES	☐ NO
7. During the past two weeks, have you been bothered by little interest or pleasure in doing things? Or been bothered by feeling down, depressed, or hopeless?	DEPRESSION	☐ YES	☐ NO
8. Are you currently or have you ever been in a relationship where you were pushed, shoved, kicked, slapped or hit by a partner? Or been threatened, controlled, made to feel afraid, or repeatedly been made to feel badly about yourself by a partner?	IPV	☐ YES	☐ NO



Enhanced 5 Ps

Institute for Health and Recovery Integrated Screening Tool

Women's health can be affected by emotional problems, alcohol, tobacco, other drug use, and domestic violence. Women's health is also affected when those same problems are present in people close to us. By "alcohol," we mean beer, wine, wine coolers, or liquor.

Parents Did any of your parents have a problem with alcohol or other drug use?	YES ☐	NO ☐
Peers Do any of your friends have a problem with alcohol or other drug use?	YES ☐	NO ☐
Partner Does your partner have a problem with alcohol or other drug use?	YES ☐	NO ☐
Violence Are you feeling at all unsafe in any way in your relationship with your current partner?	YES ☐	NO ☐
Emotional Health Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with people, or take care of things at home?	YES ☐	NO ☐
Past In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?	YES ☐	NO ☐
Present In the past month, have you drunk any alcohol or used other drugs? 1. How many days per month do you drink? ____ 2. How many drinks on any given day? ____ 3. How often did you have 4 or more drinks per day in the last month? ____	YES ☐	NO ☐
Smoking Have you smoked any cigarettes in the past three months?	YES ☐	NO ☐

Review Risk

Review Domestic Violence Resources

Review Substance Use, Set Healthy Goals

Consider Mental Health Evaluation

Advise for Brief Intervention

	Y	N	NA
Did you State your medical concern?	☐	☐	☐
Did you Advise to abstain or reduce use?	☐	☐	☐
Did you Check patient's reaction?	☐	☐	☐
Did you Refer for further assessment?	☐	☐	☐

At Risk Drinking	
Non-Pregnant	Pregnant / Planning Pregnancy
> 7 drinks / week > 3 drinks / day	Any Use is Risky Drinking

For the best health of mothers and babies, we strongly recommend that pregnant women, or those planning to become pregnant, do not use alcohol, illegal drugs or tobacco. Safe levels of usage have not been determined.

2005

Date: _____
Language: _____
Race: _____
Ethnicity: _____

Screens for SUD *(nida.nih.gov)*

Tool	Substance type		Patient age		How tool is administered	
	Alcohol	Drugs	Adults	Adolescents	Self-administered	Clinician-administered
Screening to Brief Intervention (S2BI)	X	X		X	X	X
Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD)	X	X		X	X	X
Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS)	X	X	X		X	X
Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide (NIAAA)	X			X		X
Opioid Risk Tool – OUD (ORT-OUD) Chart		X	X		X	



Assessment Resources *(nida.nih.gov)*

Tool	Substance type		Patient age		How tool is administered	
	Alcohol	Drugs	Adults	Adolescents	Self-administered	Clinician-administered
Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS)	X	X	X		X	X
CRAFT 🔗	X	X		X	X	X
Drug Abuse Screen Test (DAST-10)* <i>For use of this tool - please contact Dr. Harvey Skinner ✉</i>		X	X		X	X
Drug Abuse Screen Test (DAST-20: Adolescent version)* <i>For use of this tool - please contact Dr. Harvey Skinner ✉</i>		X		X	X	X
NIDA Drug Use Screening Tool (NMASSIST) <i>(discontinued in favor of TAPS screening above)</i>	X	X	X			X
Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide (NIAAA)	X			X		X

*Tools with associated fees



Sbirtcolorado.org

Clinical Tools

FOR SBIRT IMPLEMENTATION

Screening and brief intervention allow health care professionals and patients to have meaningful conversations about the 3rd leading cause of preventable death in the United States - alcohol use. Discussing alcohol and other substance use with patients is an important part of showing your commitment to supporting their health. SBIRT in Colorado provides tools, counseling, and coaching for healthcare providers to help patient's understand the potential negative health consequences of substance use.

- [AUDIT / English](#)
- [AUDIT / Español](#)
- [AUDIT-C-Plus 2 Questionnaire](#)
- [AUDIT-C-Plus 2 Interpreting Screening Results](#)
- [Brief Screen for Substance Use](#)
- [CRAFFT 2.1+N Clinician Administered](#)
- [CRAFFT 2.1+N Self Administered](#)
- [CUDIT](#)
- [DAST](#)
- [Enhanced Referral Toolkit](#)
- [Health First Colorado SBIRT Billing Manual](#)
- [Patient Alcohol and Pregnancy Resource](#)
- [Provider Pocket Card - Adolescents](#)
- [Provider Pocket Card - Adults](#)
- [Provider Pocket Card - Women](#)
- [Provider Pocket Card - Older Adults](#)
- [SBIRT Marijuana Clinical Guidance](#)
- [SBIRT Marijuana Info](#)
- [S2BI for Adolescents](#)
- [S2BI Tool](#)
- [SBIRT Telehealth](#)
- [SBIRT Adolescent Toolkit / English](#)
- [SBIRT Adolescent Toolkit / Español](#)
- [SBIRT Colorado: Why SBIRT?](#)



Summary

Screening Condition	Target Population	Tools
Depression	All adults aged 19+ (incl. pregnant/older adults)	PHQ-2, PHQ-9, EPDS
Anxiety	Adults aged 19 to 64	GAD-2, GAD-7
Bipolar Disorder	Prior to starting antidepressants	MDQ, CIDI
Intimate Partner Violence	Women of reproductive age, pregnant/postpartum	HITS, HARK, WAST
Substance Abuse	Adults aged 18+	TAPS, DAST-10, ASSIST, 5Ps

Chronic Condition Management Pathways & Clinical Integration

Integrating screening findings into routine care is essential for effective chronic condition management.

Positive screens must trigger standardized clinical pathways, linking identification directly to intervention.

Primary care workflows should embed screening tools into electronic health records to prompt timely assessments, ensure longitudinal tracking, and facilitate seamless transitions into behavioral health or specialized care management programs.

Continuous quality improvement is driven by tracking screening rates and clinical outcomes. Practices should monitor adherence to screening intervals and evaluate the success of referral pathways.



Billing

Screening Type	Preferred Billing Code	Key Modifiers / Diagnosis Guidelines	Notes
Depression & Anxiety	96127 (Brief emotional/behavioral assessment)	Pair with Z13.31 (Screening for depression) or Z13.39 (Other mental health)	Reimbursement allows multiple units per day if distinct, validated tools (e.g., PHQ-9 and GAD-7) are used.
Intimate Partner Violence (IPV)	99401–99404 (Preventive counseling) or E/M code	Pair with Z13.89 (Encounter for screening for other disorder)	There is no dedicated single CPT code for IPV screening. Often bundled into an E/M visit or billed under preventive medicine risk-reduction codes.
Substance Use Disorder (SUD) - Positive Screen	99408 (15–30 mins) 99409 (>30 mins)	Pair with Z13.9 (Special screening) or Z71.41 / Z71.51 (Counseling)	Requires structured SBIRT scoring tool (AUDIT, DAST, CRAFFT) and brief intervention.
Substance Use Disorder (SUD) - Negative Screen	H0049 (Alcohol/drug screening)	Pair with Z13.9 (Encounter for screening for unspecified disorder)	Used by Colorado Medicaid for an all-inclusive full negative screen.



Thank you

