Emergency Department Pre-Screen Questionnaire

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 medic	al care
by answering these questions.	

Are you currently in	recovery for	alcohol or su	ubstance use?	☐ Yes	□No
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Alcohol: One drink = 12 oz. Beer, 5 oz wine, 1.5 oz. liquor (one shot)

		None	1 or more
Men:	How many times in the past year have you had 5 or more drinks in a day?	0	0
Women:	How many times in the past year have you had 4 or more drinks in a day?	0	0

Drugs: Recreational drugs include methamphetamines (speed, crystal), cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

	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?	0	0

Alcohol and Drug Pre-Screening tool is completed in ED triage.

"1 or more" is considered positive.

Positive prescreening precipitates SBIRT process and requires notification of Addiction Care Coordinator.



PATIENT LABEL

Summa Health System