



**GLACIER**  
Community Health Center

519 E. Main St., Cut Bank, MT 59427  
(406) 873-5670 (ph) (406) 873-5675 (fax)  
[www.glacierchc.org](http://www.glacierchc.org)

## SBIRT SCREENING

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

### ALCOHOL USE

- 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?  1 or 2  3 or 4  5 or 6  7 or 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

### DRUG USE

How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?  0  1 or more