

SAMHSA FASD Center for Excellence Form B Screening and Brief Intervention Process Information

This is a form to collect information related to your participation in the SAMHSA FASD Center for Excellence Screening and Brief Intervention program. To protect your privacy, your name and any other individually identifying information will not be reported to SAMHSA. It is important to us to obtain this information to maintain and improve the quality of our services; however, your participation is voluntary.

	Client ID _____	Agency Name _____
	Date _____/_____/_____ Month Day Year	

SBI <i>Monthly/ Trimester</i>	<p>1. What drinking goal did the client set for the next month? <input type="checkbox"/> Stop drinking <input type="checkbox"/> Cut down on drinking <input type="checkbox"/> Goal was not set</p> <p>2. How many minutes did it take to give the alcohol intervention? _____ Minutes</p> <p>3. What did the client say will be the maximum number of drinks she will consume per week in the next month? _____ Maximum drinks per week in next month</p> <p>Next Appointment: Date ____/____/____ Session _____ Month Day Year</p>
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