

SAMHSA FASD Center for Excellence Form A Knowledge-Base Expansion Assessment

The purpose of these questions is to determine your eligibility to participate in the SAMHSA FASD Center for Excellence Screening and Brief Intervention or Project CHOICES program and to assess outcomes from your participation over time. 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.

All
Women

Every
Session

Client ID _____ Agency Name _____

Record assessment status at each Client session -

A. Baseline Go to **1. Demographics**

Date ____/____/____
Month Day Year

B. Project CHOICES Contraception Appointment:

Birth Control

Method Selected: _____

Date ____/____/____
Month Day Year

C. SBI Monthly/Trimester Go to **2. Alcohol Use**

Date ____/____/____
Month Day Year

D. End of Program: SBI Go to **2. Alcohol Use**

Date ____/____/____
Month Day Year

Project CHOICES Go to **2. Alcohol Use**

E. Follow-Up: 3-month (Project CHOICES) Go to **2. Alcohol Use**

Date ____/____/____
Month Day Year

6-month (Project CHOICES) Go to **2. Alcohol Use**

All Women

Baseline only

1. Demographics

a. What is your age?

- Under 18 19-20 years old 21-24 years old 25-29 years old
- 30-34 years old 35-44 years old Over 45 years old

b. Are you Hispanic or Latino? Yes No

c. What is your race? (Select one or more) Alaska Native American Indian Asian

- Black or African-American Native Hawaiian or other Pacific Islander White

d. What is the highest level of education you have finished, whether or not you received a degree?

- Never attended school 6th grade or less 7th- 8th grade
- 9th – 11th grade 12th grade/or GED Equivalent of 1 – 2 years full-time college
- Equivalent of more than 2 years but less than 4 years full-time college
- Equivalent of 4 or more year’s full-time college

e. What is your marital status?

- Married Unmarried, living with partner Widowed
- Divorced or separated Never Married

Interviewer: I'm now going to ask you questions that will determine your eligibility to participate in either SBI or Project CHOICES. These programs differ for women who are pregnant or non pregnant.

f. As far as you know, are you pregnant?

- Yes Go to **2. Alcohol Use**
- No (Go to 1g)

g. Are you currently trying or will be trying to become pregnant in the next 3 months?

- Yes *If yes – STOP. Not Eligible for CHOICES or SBI programs* Go to **Non-Pregnant Women Eligibility Check and Screening Results**
- No Go to **2. Alcohol Use**

All Women

Baseline/ End of Program/ Follow-Up

All Women

Every Session

2. Alcohol Use

Interviewer: The next set of questions is about your alcohol use in the past 30 days. [Use the Standard Drink Chart to answer alcohol use questions.] One standard drink is equal to 12 ounces of beer, 5 ounces of wine, or 1.5 ounces [one shot] of 80-proof spirits or liquor.

a. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?

Write one number between 0 and 30 days. _____ days

b. How many drinks did you have on a typical day when you were drinking alcohol in the past 30 days?

Write number of drinks consumed on a typical day when drinking alcohol in past 30 days: _____

c. Alcohol Score = 2a. X 2b. = _____

d. How often did you have 4 or more drinks in one day in the past 30 days? _____ days

e. Are you currently receiving outpatient alcohol treatment? This can include individual or group counseling.

- Yes No

All Women

Every

f. Since the first visit when we talked about drinking have you had an alcoholic beverage?

- Yes No

session
except
Baseline

Pregnant
Women

Baseline
only

3. Risk of Alcohol Use for Pregnant Women

- a. How many weeks pregnant are you today? _____ weeks
- b. During the time you were pregnant but did not know you were pregnant, how many alcoholic drinks did you usually have at one time?
- 10 or more 9 8 7 6 5 4 3 2 1 0
- c. During the time you were pregnant but did not know you were pregnant, how often did you drink beer, wine, or other alcoholic beverages?
- | | |
|---|---|
| <input type="checkbox"/> Every day | <input type="checkbox"/> 2-3 days a month |
| <input type="checkbox"/> Almost every day | <input type="checkbox"/> Once a month |
| <input type="checkbox"/> 3-4 days a week | <input type="checkbox"/> Less than once a month |
| <input type="checkbox"/> 1-2 days a week | <input type="checkbox"/> Never |

TWEAK (Tolerance – Worry – Eye-Opener – Amnesia [Blackouts] – K[C]ut Down)

- d. How many drinks does it take for you to first feel the effects of alcohol? _____ drinks?
- e. Do close friends or relatives worry or complain about your drinking? No Yes _____
- f. Do you sometimes take a drink in the morning when you first get up? No Yes _____
- g. Has a friend or family member ever told you about things you said or did while you were drinking that you could not remember? No Yes _____
- h. Do you sometimes feel the need to cut down on your drinking? No Yes _____

Scoring the TWEAK

Question TWEAK d	2 or more drinks = 2 points	
	0 – 1 drinks = 0 points	
Question TWEAK e	“Yes” = 2 points	
	“No” = 0 points	
Question TWEAK f-h	“Yes” = 1 point	
	“No” = 0 points	

i. TWEAK

Score [add TWEAK d-h]

Go to **Pregnant Women Eligibility Check and Screening Results**

Non-
Pregnant
Women

Baseline

4. Contraception Use Questions for Non-Pregnant Women

- a. Have you had any of the following?
- Yes No 1. Tubes tied

only

- Yes No 2. Hysterectomy
- Yes No 3. Menopause
- Yes No 4. Both ovaries removed
- Yes No 5. Has a doctor ever told you that you cannot become pregnant?

If yes, **Interviewer** write reason: _____

If yes to any in 4a – STOP. Not Eligible for CHOICES. Go to [Non-Pregnant Women Eligibility Check and Screening Results](#)

b. In the last 30 days, have you had vaginal sex with a man?

- Yes No

If no in 4b – STOP. Not Eligible for CHOICES. Go to [Non-Pregnant Women Eligibility Check and Screening Results](#)

c. If you have had vaginal sex in the last 30 days, have you used birth control?

- Yes Go to # d and # e

- No

If no in 4b – STOP. Eligible for CHOICES. Go to [Non-Pregnant Women Eligibility Check and Screening Results](#)

Non-Pregnant Women

*Baseline/
End of
Program/
Follow-Up*

Interviewer: Now I am going to ask you a few questions about different types of birth control methods that you may or may not have used. For each method that you have used, I will ask you some additional questions about your use of that method. Remember that these questions are about what you did in the last three months. A response of either “yes” or “no” is required to determine eligibility.

Please describe the type of birth control used in the past 30 days and whether it was effective:

e. Effective? (Show Perfect Use Cards and ask: Did you use [method] exactly as directed each time you had vaginal sex?)

d. Type

- Condoms d1. e1. Yes No
- Diaphragm / contraception d2. e2. Yes No
- Birth control pills d3. e3. Yes No
- Vaginal ring (NuvaRing) d4. e4. Yes No
- Patch d5. e5. Yes No
- Emergency contraception d6. e6. Yes No
- Depo-Provera shot d7. e7. Yes No
- IUD d8. e8. Yes No
- Implanon d9. e9. Yes No
- Other _____ d10. e10. Yes No

[Baseline only] If birth control is effective (yes to #e for all methods listed) – STOP. Go to [Non-Pregnant Women Project CHOICES Eligibility Check and Screening Results](#)

Non-Pregnant Women Eligibility Check and Screening Results

Project CHOICES Eligibility Check

Interviewer: Check the relevant boxes below when you have completed the screening interview.

Eligibility Question	Eligibility Response	Meet Eligibility Criteria?
Pregnancy Status (Question 1f)	No	
Pregnancy Planning (Question 1g)	No	
Age (Q1a)	18 - 44	
Alcohol Criteria:		
Alcohol Score (Q2c)*	31 or more	
Alcohol Binge (Q2d)*	1 or more	
Outpatient treatment (Q2e)*	Yes	
Ability to conceive (Q4a)	Yes	
Sexual Activity (Q4b or Q4c)	Yes	
Effective Contraception (Q4c or Qe1, or e2, or ... e10)	No	

*

* Note: woman is eligible if she meets 1 or more of the alcohol criteria

6. Project CHOICES Screening Results

Interviewer: Check the relevant boxes below when you have completed the screening interview.

a. Eligible for Project CHOICES and agreed to participate

Client qualified for Project CHOICES based on the following.

- Not pregnant or planning to conceive
- Sexual Activity
- Alcohol Score/Binge/Outpatient
- Age
- Ability to Conceive
- Ineffective Contraception

Next Appointment: Date ____/____/____ Session _____
Month Day Year

b. Eligible for Project CHOICES and did *not* agree to participate

c. Not eligible for Project CHOICES.

Client does not qualify for Project CHOICES based on the following:

- Age
- No Sexual Activity
- Inability to Conceive
- Pregnant
- Alcohol Score/Binge/Outpatient
- Effective Contraception
- Planning to Conceive

Interviewer: *Thank you for your time, based on your answers, the Project CHOICES program would not meet your needs at this time.*