

MOSBIRT Prescreen

Name: _____ ID: _____ Birth date: ___/___/___ Date: ___/___/___
mm/yy

SSN: _____ Are you a veteran? Yes No

Gender: Male Female Transgender Other _____ Refused

What is your race? Mark all that apply.			Hispanic or Latino? Yes No Refused <i>If Yes</i>		
Black or African American	Yes	No	What ethnic group do you consider yourself?		
Asian	Yes	No	Central American	Yes	No
American Indian	Yes	No	Cuban	Yes	No
Native Hawaiian or other Pacific Islander	Yes	No	Dominican	Yes	No
Alaska Native	Yes	No	Mexican	Yes	No
White	Yes	No	Puerto Rican	Yes	No
Refused			South American	Yes	No
			Other	Yes	No
			Other _____	Refused	

The Size of a STANDARD drink:



1. In the past 3 months, how often do you have a drink containing alcohol? *(if Never skip to #4)*

Never (0)	Monthly or less (1)	2 to 4 times a month (2)	2 to 3 times a week (3)	4 or more times a week (4)
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2. In the past 3 months, how many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 (0)	3 or 4 (1)	5 or 6 (2)	7 to 9 (3)	10 or more (4)
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3. *Females (and Males 65 and older)*

In the past 3 months, how often do you have 4 or more drinks on one occasion?

Males (younger than 65)

In the past 3 months, how often do you have 5 or more drinks on one occasion?

Never (0)	Less than monthly (1)	Monthly (2)	Weekly (3)	Daily or almost daily (4)
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4. In the past 12 months, did you smoke pot, use another street drug, or use a prescription painkiller, stimulant, or sedative for a non-medical reason? Yes No

SCORING:

- **Add scores for the first 3 questions** (scores are in parentheses next to responses)
***IF* the total is ≥ 4**
***THEN* Pre-screen is positive and ASSIST needs to be completed**

OR

- ***IF* question 4 = Yes**
***THEN* Pre-screen is positive and ASSIST needs to be completed**