

APPENDIX D

S2BI SCREENING TOOL: PRINTABLE VERSION

This version of the S2BI includes language reflecting the emerging trends in adolescent substance use and has not been validated with this specific language.

S2BI: Screening to Brief Intervention

In the past year, how many times have you used:

Tobacco/Nicotine? (such as cigarettes, e-cigarettes, "vapes")	<input type="radio"/> Never <input type="radio"/> Once or Twice <input type="radio"/> Monthly <input type="radio"/> Weekly or more
Alcohol?	<input type="radio"/> Never <input type="radio"/> Once or Twice <input type="radio"/> Monthly <input type="radio"/> Weekly or more
Marijuana? (smoked, vaped, edibles, etc.)	<input type="radio"/> Never <input type="radio"/> Once or Twice <input type="radio"/> Monthly <input type="radio"/> Weekly or more



STOP if all above answers are "Never"

Otherwise, please CONTINUE.



In the past year, how many times have you used:

Prescription drugs that were not prescribed for you (such as pain medication or Adderall?)	<input type="radio"/> Never <input type="radio"/> Once or Twice <input type="radio"/> Monthly <input type="radio"/> Weekly or more
Illegal drugs (such as cocaine or Ecstasy)?	<input type="radio"/> Never <input type="radio"/> Once or Twice <input type="radio"/> Monthly <input type="radio"/> Weekly or more
Inhalants (such as nitrous oxide)?	<input type="radio"/> Never <input type="radio"/> Once or Twice <input type="radio"/> Monthly <input type="radio"/> Weekly or more
Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?	<input type="radio"/> Never <input type="radio"/> Once or Twice <input type="radio"/> Monthly <input type="radio"/> Weekly or more