

Screening GPRA

A. RECORD MANAGEMENT

CLIENT ID

Interview Date / /
Month Day Year

How did the client screen? Negative Positive

What was his/her screening score?

ASSIST = Alcohol Drug Drug Name _____

Was he/she willing to continue his/her participation in the BRITE program? Yes No

DEMOGRAPHICS

1. Gender

Male Other (specify) _____

Female Refused _____

Transgender _____

2. Are you Hispanic or Latino?

Yes No

If yes, what ethnic group do you consider yourself? (You may say yes to more than one)

Central American Puerto Rican

Cuban South American

Dominican Other (specify) _____

Mexican

3. What is your race? (You may select one or more)

Black or African American Alaska Native

Asian White

American Indian

Native Hawaiian or other Pacific Islander

4. What is your date of birth? / /
Month Day Year

PLANNED SERVICES

1. Screening

2. Brief Intervention

3. Brief Treatment

4. Referral to Treatment

Planned

Y N

Y N

Y N

Y N

Sessions

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