

**SBIRT
BNI Adherence & Competence Checklist**

	<u>YES</u>	<u>NO</u>
1. <u>Screen patient for alcohol or drug use</u>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>Ask the patient for permission to discuss alcohol/drug use</u>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>Review patient's drinking/drug use patterns</u>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>Express concern about these patterns</u>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>Ask about a connection</u>	<input type="checkbox"/>	<input type="checkbox"/>
6. <u>Reflect the patient's statement</u>	<input type="checkbox"/>	<input type="checkbox"/>
7. <u>Provide medical facts and information that there is a connection between the medical visit and drinking/drug use.</u>	<input type="checkbox"/>	<input type="checkbox"/>
8. <u>Inform patient of NIAAA guidelines and norms by using show cards (if applicable)</u>	<input type="checkbox"/>	<input type="checkbox"/>
9. <u>Ask patient to identify readiness to change on readiness ruler show card</u>	<input type="checkbox"/>	<input type="checkbox"/>
10. <u>Ask why they choose that number and not a lower one</u>	<input type="checkbox"/>	<input type="checkbox"/>
11. <u>Reflect patients statements regarding change</u>	<input type="checkbox"/>	<input type="checkbox"/>
12. <u>Elicit response (How does all this sound to you?)</u>	<input type="checkbox"/>	<input type="checkbox"/>
13. <u>Negotiate the goal (What would you like to do?)</u>	<input type="checkbox"/>	<input type="checkbox"/>
14. <u>Give advice if necessary</u>	<input type="checkbox"/>	<input type="checkbox"/>
15. <u>Summarize (This is what I've heard you say...)</u>	<input type="checkbox"/>	<input type="checkbox"/>
16. <u>Have patient fill out agreement card or referral agreement</u>	<input type="checkbox"/>	<input type="checkbox"/>
17. <u>Provide health information sheet</u>	<input type="checkbox"/>	<input type="checkbox"/>
18. <u>Suggest Follow-up</u>	<input type="checkbox"/>	<input type="checkbox"/>
19. <u>Thank the patient for his/her time</u>	<input type="checkbox"/>	<input type="checkbox"/>

Optional Question:

Ask Medical Practitioner, "What if the patient had chosen a 1 on the readiness ruler?"

	Yes	No
1. Did he/she ask patient, 'What would make this a problem for you?'"	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Name: _____

Reviewer: _____ **Date:** _____

Start time: _____ **End time:** _____