The following questions will ask about your use, if any, of alcohol, tobacco, and other drugs. Please answer every question by checking the box next to your choice.

**IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED:**

**Tobacco? or nicotine (e.g. vaping)?**
- Never
- Once or twice
- Monthly
- Weekly or more

**Alcohol?**
- Never
- Once or twice
- Monthly
- Weekly or more

**Marijuana?**
- Never
- Once or twice
- Monthly
- Weekly or more

**STOP if answers to all previous questions are “never.” Otherwise, continue with questions on the back.**

*S2BI Tool developed at Boston Children’s Hospital with support from the National Institute on Drug Abuse.*

*It is best used in conjunction with “The Adolescent SBIRT Toolkit for Providers” mass.gov/maclearinghouse (no charge).*
Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?
- Never
- Once or twice
- Monthly
- Weekly or more

Inhalants (such as nitrous oxide)?
- Never
- Once or twice
- Monthly
- Weekly or more

Illegal drugs (such as cocaine or Ecstasy)?
- Never
- Once or twice
- Monthly
- Weekly or more

Herbs or synthetic drugs (such as salvia, “K2”, or bath salts)?
- Never
- Once or twice
- Monthly
- Weekly or more