



Escalator Integrated Motivational Brief Screening Tool (For Substance Use and Co-Occurring Disorders)

1. Have you ever **thought** about changing your substance use patterns? (Cutting down or stopping) *Y/N (If no then 0 points)*
 - a. If **yes** – About how long ago was the last time?
 - i. In the past month? (3 Points)
 - ii. In the past 3 months? (2 points)
 - iii. In the past year? (1 point)

2. Have you **done** anything to attempt to change your substance use? *Y/N (If no then 0 points)*
 - a. If **yes**, about how long ago was the last time?
 - i. In the past month? (3 Points)
 - ii. In the past 3 months? (2 points)
 - iii. In the past year? (1 point)

3. Have anyone else (family, relationship partner, employer, legal system) suggested you alter your substance use patterns? *Y/N (If no then 0 points)*
 - a. If **yes**, about how long ago?
 - i. In the past month? (3 Points)
 - ii. In the past 3 months? (2 points)
 - iii. In the past year? (1 point)

4. **COD1**: Has your substance use directly or indirectly caused you any stress, anxiety, sadness, guilt, confusion, anger or other uncomfortable feelings? *Y/N (If no then 0 points)*
 - a. If **yes**, about how long ago?
 - i. In the past month? (3 Points)
 - ii. In the past 3 months? (2 points)
 - iii. In the past year? (1 point)

5. **COD2**: Have you intentionally become intoxicated, misused or overused any substances for the purpose of coping with stress, anxiety, or other challenging emotions or moods? *Y/N (If no then 0 points)*
 - a. If **yes**, about how long ago?
 - i. In the past month? (3 Points)
 - ii. In the past 3 months? (2 points)
 - iii. In the past year? (1 point)

Scoring:

For questions 1-3: if total is 3 points or higher then recommend further assessment for potential substance use issue.

For questions 4 and 5: if 3 or more points for these questions combined then recommend further assessment and note potential for co-occurring mental health disorder.