

SBIRT Answer Sheet

Name: _____

Please Print Answer Sheet. Complete Pre Test and Fax to 541-885-9858. **by Feb. 18, 2010** to secure SBIRT Dinner Reservation. Dinner 2/25/10 6:30 PM Nibbles on the Green.

- | | | | |
|-------------------------|--------------------------|--------------------------|--------------------------|
| 1 A
B
C
D
E | 9 A
B
C
D
E | 17 A
B
C
D
E | 25 A
B
C
D
E |
| 2 A
B
C
D
E | 10 A
B
C
D
E | 18 A
B
C
D
E | |
| 3 A
B
C
D
E | 11 A
B
C
D
E | 19 A
B
C
D
E | |
| 4 A
B
C
D
E | 12 A
B
C
D
E | 20 A
B
C
D
E | |
| 5 A
B
C
D
E | 13 A
B
C
D
E | 21 A
B
C
D
E | |
| 6 A
B
C
D
E | 14 A
B
C
D
E | 22 A
B
C
D
E | |
| 7 A
B
C
D
E | 15 A
B
C
D
E | 23 A
B
C
D
E | |
| 8 A
B
C
D
E | 16 A
B
C
D
E | 24 A
B
C
D
E | |



Primary Care
Residency Initiative

SBIRT Curriculum Knowledge Test

1. The percentage of primary care patients who are risky, abusive, or dependent alcohol users is closest to:
 - a. 9%
 - b. 43%
 - c. 22%
 - d. 65%
 - e. Don't know

2. Evidence suggests that physicians miss, or misdiagnose patients who abuse substances about _____ percent of the time.
 - a. 25%
 - b. 40%
 - c. 50%
 - d. 60%
 - e. 75%
 - f. Don't know

3. True or false: Laboratory testing is not sensitive enough to screen for problematic drinking.
 - a. True
 - b. False
 - c. Don't know

4. The USPSTF has given screening for alcohol use and brief intervention a rating of:
 - a. A
 - b. B
 - c. C
 - d. I
 - e. Not yet rated
 - f. Don't know

5. A standard drink contains _____ of pure ethanol.
 - a. 0.6 ounces
 - b. 0.75 ounces
 - c. 1.0 ounces
 - d. 1.5 ounces
 - e. Don't know

6. How many standard drinks are considered low risk drinking amounts for a healthy 45-year old man?
 - No more than ___ drinks per week (on average)

7. How many standard drinks are considered low risk drinking amounts for a healthy 45-year old man?
- No more than ___ ___ drinks per drinking occasion
8. How many standard drinks are considered low risk drinking amounts for a healthy non-pregnant 35-year old woman?
- No more than ___ ___ drinks per week (on average)
9. How many standard drinks are considered low risk drinking amounts for a healthy non-pregnant 35-year old woman?
- No more than ___ ___ drinks per drinking occasion
10. Which of the following methods would be the most efficient to quickly assess for hazardous alcohol use in an adult?
- a. CAGE questionnaire
 - b. AUDIT C
 - c. DAST
 - d. CRAFFT
 - e. ASSIST
 - f. Don't know
11. Your 28 year old patient, Jennifer H. has a stressful job as a paralegal. She tells you that most days after work she drinks 5-8 pints of beer at The Lucky Lab in order to relax, but she never drinks before or during work hours. Last year she got a \$300 traffic ticket for DUI while driving home. She recently broke up with her boyfriend after a big fight when she'd been drinking too much. She says she's stopped in the past and never had problems with withdrawal symptoms. Her drinking history likely puts her into which of the following categories:
- a. Healthy
 - b. Risky Drinking
 - c. Harmful Drinking (Alcohol Abuse)
 - d. Alcohol Dependence
 - e. Don't Know
12. Which of the following characteristics is more closely associated with a patient who is dependent on alcohol, as opposed to a risky or abusive drinker?
- a. Consumes 6 drinks in one sitting
 - b. Life orbits around the use of alcohol
 - c. Use leads to legal problems
 - d. Use leads to failure of obligations at work and home
 - e. Don't know

13. An AUDIT score over X makes it likely that your patient has a diagnosis of alcohol dependence.
- X=8
 - X=16
 - X=20
 - X=30
 - Don't know
14. Which of the following lists the most common steps in brief intervention?
- Pre-contemplation, Contemplation, Action, Relapse, Change
 - Discuss, Weigh options, Identify plan, Direct action, Sustain and Review
 - Raise the Subject, Provide Feedback, Enhance Motivation, Negotiate and Advise
 - Believe, Reflect, Initiate, Explain, Follow-up
 - Don't know
15. Your patient has been determined to misuse alcohol. In assessing her willingness to change, she points to the number 2 on a readiness ruler. At this time, you should assist this patient in setting goals and developing a plan to decrease alcohol consumption.
- True
 - False
 - Don't know
16. Consider a patient presenting as a substance abuser who has a clear behavior goal of reducing his use. What is the best next step to enhance his motivation to make this change?
- Assess readiness for change.
 - Negotiate a plan
 - Emphasize how important it is for the client to change
 - Tell the client to make the change
 - Don't know
17. A healthy male patient scores at the risky level of alcohol use on the AUDIT. He states that he is actively considering reducing his level of drinking. What constitutes appropriate advice to give to this patient?
- Ask the patient to consider how his drinking may be harming those around him
 - Recommend the patient reduce his drinking to within healthy guidelines
 - Recommend that the patient stop drinking
 - Explain to the patient that most people have difficulty cutting back on their own and need assistance from a support group
 - Don't know

For the following scenarios, pick your best next step for a brief intervention.

18. Mr. A. is a healthy 48-year old male who drinks 5 beers during an average week and never more than 2 in one day. **What is your best next step?**
- Reinforce use of healthy drinking norms.
 - Assess readiness to change
 - Provide brief feedback about reasons for reducing use
 - Establish a goal of reducing weekly use
 - Don't know
19. Mr. B. is a healthy 48-year old male who, (like most of his friends who hang out at Mickey Finn's) averages about 4 pints of beer most nights of the week. During his annual check-up, he's surprised when you inform him that his drinking surpasses established healthy norms. **What is your best next step?**
- Provide information about healthy drinking norms.
 - Assess readiness to change
 - Establish a goal of reducing weekly use
 - Refer for substance use treatment
 - Don't know
20. Mr. C. is a 48-year old male who has never been hospitalized. He lost his job 6 months ago because of his drinking. Since that time, he has taken to drinking when he gets up in the morning, because if he doesn't, he gets the shakes. He is depressed about this situation and desperately wants to quit so that he can get his life together and go look for a job. **What is your best next step?**
- Assess readiness to change
 - Establish a goal of reducing weekly use
 - Establish a goal of abstinence
 - Refer for substance use treatment
 - Don't know
21. Mr. D. presents for follow-up of his gastric ulcer problem. He is an otherwise healthy 48-year old male who drinks every night with his friends at Putter's and ends most sessions with a depth charge (shot of whiskey dropped in a pint of beer). He begins most mornings with a shot of whiskey to settle his stomach. In reviewing this with him during his annual exam, he states that "it's just not a problem Doc, I can handle my liquor!" **What is your best next step?**
- Ask patient to consider how his drinking may be harming those around him
 - Assess readiness to change
 - Provide clear feedback about potential risks
 - Refer for substance use treatment
 - Don't know

For questions 22 and 23, please refer to the table below.

Physician's questions	Patient A	Patient B
Are you seriously considering cutting down your substance use within the next 6 months?	Yes	Yes
Are you planning to cut down your use in the next 30 days (and perhaps taking small steps to do so)?	No	Yes
Are you now actively using less than before?	No	No

22. What stage of change is Patient A currently in?
- Pre-contemplation
 - Contemplation
 - Preparation
 - Action
 - Maintenance
 - Don't know
23. What stage of change is Patient B currently in?
- Pre-contemplation
 - Contemplation
 - Preparation
 - Action
 - Maintenance
 - Don't know
24. Medication therapy is more beneficial than behavioral treatment for which of the following?
- Methamphetamine dependence
 - Nicotine dependence
 - Alcohol misuse
 - Alcohol abuse
 - None of the above
 - Don't know
25. Which of the following statements about mutual support groups is TRUE:
- Mutual support groups are not appropriate for patients receiving medication-assisted treatment.
 - Strong religious beliefs are related to greater participation in all types of mutual support groups.
 - Physicians should facilitate patient involvement in mutual support groups once formal treatment is completed, refused, or is not affordable.
 - Matching clients to treatment based solely on gender, motivation, and cognitive impairment has been proven to be effective.
 - Don't know