|  |  |  |
| --- | --- | --- |
| **Question** | **Options (select)** | **Possible Barriers/Challenges** |
| What substances do we want to screen for? | * Alcohol
* Drugs (single class)
* Drugs (specific classes)
* Both
 |  |
| How should we administer screening? | * Patient self-admin (electronic)
* Patient self-admin (paper)
* Clinician-administered
* Staff-administered
 |  |
| What screening instrument(s) do we want to use? | Comprehensive:* TAPS tool
* SUBS

Alcohol only:* SISQ-alcohol
* AUDIT-C

Drug only: * SISQ-drug
* DAST-10

Other tools: |  |
| How frequently do we want to screen? | * Once per year
* Every visit
* New patients only
* Other
 |  |
| What visit types should we target for screening? | * Routine primary care
* Annual physical
* New patient visit
* Any visit
* Other
 |  |