



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
BEHAVIORAL HEALTH DEPARTMENT

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Practice Guidelines | Brief Questionnaire for Initial Placement (BQuIP)

Instructions: This is a progressive document, meaning as questions are answered additional questions may appear. Provide an answer for each question below, utilizing the helpful tips in blue font as needed.

BQuIP - Brief Questionnaire for Initial Placement

Effective 06/30/2023 Status New Author 369, Staff

1.) Which of the following drugs or alcohol have you used in the last 12 months?

(Read list and select all that apply)

- Alcohol, Cannabis, None, Skip this question, Opiates/opioids, Benzodiazepines, Stimulants, Other drug(s)

Click here if you stopped the BQuIP early, but NOT FOR IMMEDIATE INTERVENTION. (No recommendation will be generated)

Record clinical notes here:

To note, this text box is present throughout the questionnaire for use at any time if applicable

2.) Which of the following are your drug(s) of choice that you may want help with?

(Read list and select all that apply)

- Alcohol, Cannabis, None, Opiates/opioids, Benzodiazepines, Stimulants, Other drug(s)

3.) Are you currently experiencing SEVERE WITHDRAWAL symptoms?

(e.g., tremors/shaking, recent seizures, hallucinations, vomiting, diarrhea, racing heartbeat or other significant physical symptoms)

Yes No

If no, proceed to question 4

If yes, an alert will appear to prompt you to end the assessment for immediate intervention
(see below)

3.) Are you currently experiencing SEVERE WITHDRAWAL symptoms?

(e.g., tremors/shaking, recent seizures, hallucinations, vomiting, diarrhea, racing heartbeat or other significant physical symptoms)

Yes No

ALERT: HIGH POTENTIAL FOR CLINICALLY RISKY WITHDRAWAL. CONSIDER NEED FOR IMMEDIATE INTERVENTION.

(e.g., provide immediate medical consult or referral to emergency room/911 or onsite withdrawal management if appropriate/available)

Check this box and click "Sign" if you are ending this assessment early for immediate intervention.

-OR-

Press this button to indicate that immediate intervention is not needed, and to display the next question

4.) If you stopped using now would you expect to get sick and experience milder withdrawal symptoms like mild tremors, excessive sweating, anxiety, nausea and/or vomiting, stomach cramps, or muscle aches? Or are you currently experiencing these milder symptoms?

Yes No

5.) In your life, have you ever OVERDOSED (e.g., loss of consciousness) or experienced SERIOUS WITHDRAWAL OR LIFE THREATENING SYMPTOMS DURING WITHDRAWAL?

(e.g. irregular hear rate/arrhythmia, seizures, hallucinations with DTs/delirium tremens, need for IV therapy or inpatient medication management)

Yes No

6.) Have you used any drugs or alcohol within the last 3 days?

Yes No

If no, proceed to question 7

If yes, answer 6a (see below)

6.) Have you used any drugs or alcohol within the last 3 days?

Yes No

6a.) Have you used any drugs or alcohol within the last 4 hours?

Yes No

7.) Do you currently have any serious MEDICAL issues that you are aware of?

Yes No

If no, proceed to question 8

If yes, answer 7a & 7b (see below)

7.) Do you currently have any serious MEDICAL issues that you are aware of? ⓘ

Yes No

7a.) Do these medical problems make it difficult to do your normal daily activities? ⓘ

Not at all Sometimes Quite a bit All the time

7b.) Do you think these medical issues can improve if you do something more or different than what you are doing?

Yes No Unknown

Check this box to indicate that emergency services were engaged for Medical issues.

8.) In the past 30 days, have you experienced any *periods of sadness, hopelessness, loss of interest in activities, hallucinations, or significant anxiety* that are NOT resulting from withdrawal or drug use?

Yes No Unknown

If no, proceed to question 9
If yes, answer 8a & 8b & 8c (see below)

8.) In the past 30 days, have you experienced any *periods of sadness, hopelessness, loss of interest in activities, hallucinations, or significant anxiety* that are NOT resulting from withdrawal or drug use?

Yes No Unknown

8a.) Do these emotional problems make it difficult to do your normal daily activities? ⓘ

Yes No

8b.) In the past 30 days, have you thought about wanting to kill yourself or wanting to die?

Yes No

8c.) Are you currently having thoughts about wanting to kill yourself or wanting to die?

Yes No

ALERT: CONSIDER POTENTIAL IMMINENT DANGER TO SELF. Follow your local county/program policies to assess for immediate intervention
(e.g., provide immediate consult, STOP screen and call 911 if imminent need is identified, provide information to call 911/suicide hotline/go to an emergency room)

Check this box and click "Sign" if you are ending this assessment early for immediate intervention.

-OR-

Press this button to indicate that immediate intervention is not needed, and to display the next question

9.) Has a doctor ever given you medications for emotional or mental health issues?

Yes No Unknown

10.) Which statement best describes your current thinking about your drug and alcohol use?

- My use is not a problem; I don't want treatment I am not sure I have a problem; I am not sure I would go to treatment I may or may not have a problem; I am willing to go to treatment I am committed to my recovery; I want supportive services

11.) Without help, do you think you would continue using?

- Definitely yes Probably yes Might or might not Probably not Definitely not

12.) Are you homeless? (e.g., couch surfing, living outdoors in a car, no permanent housing)

- Yes No

13.) Do you have a place to stay that is free of alcohol and other drugs?

- Yes No

14.) Do you currently have someone who you would consider as a social support, or someone you can rely on for support when needed?

- Yes No

15.) Are you or do you think you could be pregnant?

- Yes Don't Know No (or Not Applicable)

16.) Of the drugs we have talked about, have you injected any in the last year?

- Yes No

Check this box to indicate that emergency services were engaged for Recovery Environment.

Interview complete- Please click "Sign" or "Save" in the top right.

You have completed the BQuIP. Click "Sign" or "Save" in the top right.