**BASICS Student Summary**

**Session dates: Facilitator: Referred by:**

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| **Year/Major:** **Age:** **Campus Residence:** **Home:**  |
| **Campus Involvement/Interests:**   |
| **General health:**  **OTC Medications?** **On prescribed medications--which?**  |
| **Lifestyle:****Caffeine** **Tobacco:** **Sleep:** **Meals:** **Exercise:** **Spiritual:** **Seatbelts:** **Stress management:** **Social supports/family:**   |
| **Mental Health:** **Depression** **Anxiety** **Had counseling in past--for?** **Family: hx alcoholism, drug addiction (blood relatives)**  |
| **Other:**   |

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| **Academics** **Goals:**  **Strengths:**  |
| **Reason for referral:**  **BAL:** **Previous incidents/legal:**  |
| **Drinking patterns****First use:** **High school:** **College:** **Hangovers:** **blackouts:**  **Changes made:** **Design. Driver:** **Other drugs:**  |
| **Student Perceptions:** **Importance of change:** **Interest in change:**  |
| **Good Things/Less Good:**   |
| **Summary and Self-Monitoring**Goals for interim? Advise trying lower quantity?Advise trying party without alcohol? (social experiment)Advise campus event? |

**BASICS 2**

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| **Summarize:**  |
| **Stage of change:**  |
| **Plan:**  |
| **Referral Recommendations:**  |
| **Follow Up:**  |

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| **Updates:**  |
| **Self-Monitoring:** Number of non-drinking days: Number of drinking days: Range of drinks/types of use:  |
| **Feedback: Review together, collaboratively:**  |
| **Feedback Summary:** Typical BAC: Peak BAC: Biologic risks: Norms: national and campusCalories: Money Spent:Student Response:   |