Adolescent SBIRT Patient Questionnaire

Part A

DA1. During the past 12 months did you drink any alcohol (more than a few sips)?
- Yes ☐ No ☐

DA2. During the past 12 months have you smoked any marijuana, K2 or blunts?
- Yes ☐ No ☐

DA3. During the past 12 months have you used any other drug to get high?
- Yes ☐ No ☐

Add drug/sex detail

Smoking Status

- Have you used over 100 cigarettes in your lifetime? Yes ☐ No ☐
- How would you describe your cigarette use?
  - current-daily ☐
  - curr-some day ☐
  - previously ☐
  - unknown ☐
  - never ☐
- Other types of tobacco use?
  - ☐
- Tobacco cessation education:
  - Tobacco risks & cessation discussed ☐
  - Referred to smoke cessation class ☐
  - Referred to 410-837-2050x1700 (Last Drag) ☐
  - Referred to www.smokingstophere.com ☐
  - Referred to 1-800-QUIT-NOV ☐
  - other ☐

CRAFFT QUESTIONNAIRE

D4. C - Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
- Yes ☐ No ☐

D5. R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
- Yes ☐ No ☐

D6. A - Do you ever use alcohol or drugs while you are by yourself, ALONE?
- Yes ☐ No ☐

D7. F - Do you ever FORGET things you did while using alcohol or drugs?
- Yes ☐ No ☐

D8. F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?
- Yes ☐ No ☐

D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?
- Yes ☐ No ☐

If patient answers yes to 2 (two) or more, go to Assessment for referral tracking.

Parent present during screening.
☐ Parent NOT present during screening.

Patient refused to complete adolescent SBIRT Questionnaire.

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EMR Questionnaire

Completed EMR survey with scoring
1. During the past 12 months, did you drink any alcohol (more than a few times a week)? Yes
2. During the past 12 months, did you smoke any marijuana or hashish? No
3. During the past 12 months, did you use anything else to get high? (any other drug) No
4. Have you ever ridden in a car driven by someone (including yourself) who has been drinking alcohol? Yes
5. Do you ever use alcohol or drugs to relax and feel better about yourself, or to have fun? Yes
6. Do you ever use alcohol or drugs while you are by yourself, or alone? No
7. Do you ever forget things you did while using alcohol or drugs? No
8. Do your family or friends ever tell you that you should cut down on your alcohol or drug use? Yes
9. Have you ever gotten in trouble while you were using alcohol or drugs? Yes
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