

Adolescent SBIRT Patient Questionnaire

Last aSBIRT completed on:

Date

Part A

Part A: All NO

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

All Negative

- * Have you used over 100 cigarettes in your lifetime? Yes No
- * How would you describe your cigarette use?
 - current-daily curr-some da previously unknown never
- * Other types of tobacco use? Yes No

* Tobacco cessation education:

- Tobacco risks & cessation discussed
- Referred to smoke cessation class
- Referred to 410-837-2050x1700 (Last Drag)
- Referred to www.smokingstopshere.com
- Referred to 1-800-QUIT-NOW
- other

CRAFT 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?

D5. R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

D6. A - Do you ever use alcohol or drugs while you are by yourself, ALONE?

D7. F - Do you ever FORGET things you did while using alcohol or drugs?

D8. F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?

D9. T - Have you gotten into TROUBLE while you were using alcohol or drugs?

CRAFT: All NO

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

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

Total:

- Parent present during screening.
- Parent NOT present during screening.

Patient refused to complete adolescent SBIRT Questionnaire.

Sign

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

Data Review

Prev SBIRT completed on: Drink alcohol? Smoking Status:
Prev Part A: Smoke marijuana? Cessation advice given today:
Used drugs? CRAFFT Score:

*** Parent present during today's aSBIRT screening.**

Continue ALL abstinence

Reviewed ALCOHOL USE with the patient and provided brief intervention

- Counseled to continue abstinence from alcohol use
- Patient engages in adolescent alcohol use, counseled to reduce use/stop
- Patient engages in adolescent alcohol use, brief advice given and referred to Behavioral Health Specialist
- Patient engages in adolescent alcohol use, referred for substance abuse evaluation at outside treatment facility
- Patient declined services
- Other comments:

Reviewed SMOKING STATUS with the patient and provided brief intervention

- Counseled to continue abstinence from smoking
- Patient engages in smoking, counseled to stop use
- Patient engages in smoking, brief advice given and referred to Behavioral Health Specialist
- Patient declined services
- Other comments:

Reviewed DRUG USE with the patient and provided brief intervention

- Counseled to continue abstinence from drug use
- Patient engages in adolescent substance use, counseled to stop use
- Patient engages in adol substance use, brief advice given and referred to Behavioral Health Specialist
- Patient engages in adol substance use, referred for substance abuse evaluation at outside treatment facility
- Patient declined services
- Other comments:

Reviewed HIGH RISK BEHAVIORS with the patient and provided brief intervention

- Counseled to continue abstinence from sex
- Patient engages in high risk behaviors, counseled to stop
- Patient engages in high risk behaviors, brief advice given and referred to Behavioral Health Specialist
- Patient declined services
- Other comments:

Reviewed by

Return to office: day(s) week(s) month(s)
to review progress.

Refer for Services

Add Diagnosis

Problems

EMR Questionnaire

Directions: Patient will answer the first 3 questions confidentially, thinking of events of the past 12 months. If the patient answers "yes" to any of those 3 questions, continue with the remaining 6 questions. If the first 3 were all "no"

Informant: Administered by: 318 Pam Brooks

Status: Received Visibility: Any staff member Notes:

Assessment:

DX: ENCINTR SCREEN FOR CERTAIN DEV Z13.4

1. During the past 12 months, did you drink any alcohol (more than a few sips)? Do not count sips of alcohol taken during family or religious events. (required)
 Yes No
2. During the past 12 months, did you smoke any marijuana or hashish? (required)
 Yes No
3. During the past 12 months, did you use anything else to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs, or things that you sniff or "huff") (required)
 Yes No
4. Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs? (required)
 Yes No
5. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?
 Yes No
6. Do you ever use alcohol or drugs while you are by yourself, or alone?
 Yes No
7. Do you ever forget things you did while using alcohol or drugs?
 Yes No
8. Do your family or friends ever tell you that you should cut down on your drinking or drug use?
 Yes No
9. Have you ever gotten in trouble while you were using alcohol or drugs?
 Yes No

1001 CASE TEST

HTML Print Save Cancel

Completed EMR survey with scoring

Include confidential 0

Title	Informant	Admin Date	By	Score	Assessment	Status	Notes	DX Description	DX	Visibility	Review Dt	By
CRAFFT Screening Interview	Patient	08/02/2017	318	5		Received		Encntr screen for certain developmental disorders in chldhd	Z13.4	Any staff member		

1 of 1

Question	Answer
1. During the past 12 months, did you drink any alcohol (more than a few s	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	No
4. Have you ever ridden in a car driven by someone (including yourself) w	Yes
5. Do you ever use alcohol or drugs to relax, feel better about yourself, or	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 you	Yes
9. Have you ever gotten in trouble while you were using alcohol or drugs?	Yes

Include confidential

Tracking screen (pink)

8/2/2017

Show tasks: All Mine

Expand grid Exclude checked out
 Auto refresh Show billing reconciliation

Staff ▾

Time Patient Reason Arrival Room Visit Status Min. Billing Status Ins. Valid Verification Checkout Confirm Status

Staff : FORMS / MEDICAL RECORDS LIST (COUNT=12)											
Time	Patient	Reason	Arrival	Room	Visit Status	Min.	Billing Status	Ins. Valid	Verification	Checkout	Confirm Status
08:10 AM	[REDACTED]										Confirmed
09:50 AM	[REDACTED]										Confirmed
10:00 AM	[REDACTED]							8/2/2017	ACTIVE		Confirmed
10:35 AM	[REDACTED]							8/2/2017	ACTIVE		Confirmed
10:50 AM	[REDACTED]							8/2/2017	ACTIVE		Confirmed
11:10 AM	[REDACTED]							8/2/2017	ACTIVE		Confirmed
01:00 PM	[REDACTED]										Confirmed
02:00 PM	[REDACTED]										Confirmed
02:10 PM	[REDACTED]										Confirmed
02:35 PM	[REDACTED]										Confirmed
02:40 PM	[REDACTED]										Confirmed
02:55 PM	TEST, CASE	Sick Visit Place Hold	02:43 PM		Waiting Room Sick >12					14	Confirmed