

## Teen health screen

We ask all our teen patients about drugs and alcohol because substance use can affect your health. Please ask your doctor if you have any questions. Your answers on this form will remain confidential.

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### S2BI:

In the <b>PAST YEAR</b> , how many times have you used:	Never	Once or twice	Monthly	Weekly
Tobacco:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered “Never” to all questions above, you can skip to **CRAFFT question #1** and then stop. Otherwise, please continue answering all questions below.

Prescription drugs that were not prescribed for you: (such as pain medication or Adderall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illegal drugs: (such as cocaine or ecstasy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants: (such as nitrous oxide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herbs or synthetic drugs: (such as salvia, “K2”, or bath salts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### CRAFFT questions

	No	Yes
1. Have you ever ridden in a car driven by someone (including yourself) who was “high” or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever use alcohol or drugs while you are by yourself, or alone?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever forget things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your family or friends ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever gotten into trouble while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

**Interpreting the S2BI questions:**

<b>Highest frequency of non-tobacco substance use</b>	<b>Risk category</b>	<b>Recommended action</b>
Never	Abstinence	Positive reinforcement
Once or twice	No substance use disorder (SUD)	Brief education
Monthly	Possible mild SUD	Brief intervention
Weekly	Possible moderate or severe SUD	Brief intervention (offer options that include treatment)

**Interpreting the CRAFFT questions:**

Any “Yes” responses should be explored with the patient to reveal the extent of substance use–related problems and inform the brief intervention.

**Brief education:** Sharing information with patients about the risks of substance use.

**Brief intervention:** Patient-centered discussion that employs Motivational Interviewing principles to raise a patient’s awareness of their substance use and enhance their motivation to reduce harm from their use. Brief interventions are typically performed in 3-15 minutes, and should occur in the same session as the initial screening. Repeated sessions are more effective than a one-time intervention.

If a patient is ready to accept treatment, a referral is a proactive process that facilitates access to specialized care for individuals likely experiencing a substance use disorder. These patients are referred to alcohol and drug treatment experts for more definitive, in-depth assessment and, if warranted, treatment. However, treatment also includes prescribing medications for substance use disorder as part of the patient’s normal primary care.

More resources: [www.sbirtoregon.org](http://www.sbirtoregon.org)

**Citation:**

Levy SJ, Williams JF, AAP COMMITTEE ON SUBSTANCE USE AND PREVENTION. Substance Use Screening, Brief Intervention, and Referral to Treatment. *Pediatrics*. 2016;138(1).