

Adolescent Questionnaire

(Ages 12 – 17)

We ask all our adolescent patients to complete this form at least once a year because substance use and mood can affect your health. Please ask your health care provider if you have any questions.

I understand confidentiality (privacy) regarding my health information: YES ☐ NO ☐

CRAFFT: During the last 12 months did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? YES ☐ NO ☐

2. Use any marijuana (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or “synthetic marijuana” (like K2, Spice)? YES ☐ NO ☐

3. Use anything else to get high (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape or inject)? YES ☐ NO ☐

4. Use a vaping device* containing nicotine or flavors, or use any tobacco products**? YES ☐ NO ☐

*For example, e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs.

**Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.

1. Have you ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs YES ☐ NO ☐

PHQ-2 – During the past two weeks:

1. During the past two weeks, have you been bothered by little interest or pleasure in doing things?
☐ (0) Not at all ☐ (1) Several days ☐ (2) More than half the days ☐ (3) Nearly every day

2. During the past two weeks, have you been bothered by feeling down, depressed, irritable or hopeless?
☐ (0) Not at all ☐ (1) Several days ☐ (2) More than half the days ☐ (3) Nearly every day

C-SSRS – these questions help us to determine if you may be at risk for suicide or are having thoughts of suicide

1) In the past 30 days, have you wished you were dead or wished you could go to sleep and not wake up? YES ☐ NO ☐

2) In the past 30 days, have you actually had any thoughts about killing yourself? YES ☐ NO ☐

6a) Have you EVER done anything, started to do anything, or prepared to do anything to end your life? YES ☐ NO ☐

6b) If YES, was this within the past 3 months? YES ☐ NO ☐

For Staff Use - See Back Page for Additional Instructions

For Staff Use - Additional Screening Forms

CRAFT: If 'YES' to any questions, give CRAFT 2.1N

PHQ-2: If 'YES' to one or both questions, give PHQ-9

C-SSRS: If 'YES' to 2 or 6B, give full C-SSRS