Please select a language:

- English
- Español

Por favor, seleccione un idioma:

- Español
The following questions ask about alcohol use, drug use, and mood. These factors can affect your health as well as medicine you may take.

It usually takes less than 5 minutes to answer these questions. Your answers will remain confidential.
What is your age?

- 12 – 17 years old
- 18 – 64 years old
- 65 years old or older
What is your gender?

- Female
- Male
- Nonbinary
- Other
- Transgender female
- Transgender male
The following questions ask about tobacco use, drug use and alcohol use.
In the **past year**, how many times have you used:

**Tobacco?**

- Never
- Once or twice
- Monthly
- Weekly
In the **past year**, how many times have you used:

**Alcohol?**

- Never
- Once or twice
- Monthly
- Weekly
In the **past year**, how many times have you used:

Marijuana?

- Never
- Once or twice
- Monthly
- Weekly
Proceeding from the S2BI questions #1-3 (adolescents)

Patients who answer “Never” to all #1-3 questions, or who do not answer any of the questions, are negative and should proceed to CRAFFT question #1. After CRAFFT #1, they should proceed to the PHQ-2.

All other patients are positive and should continue to the S2BI questions #4-7.
In the **past year**, how many times have you used:

prescription drugs that were not prescribed for you (such as pain medication or Adderall)?

- Never
- Once or twice
- Monthly
- Weekly
In the **past year**, how many times have you used:

**Illegal drugs**
(such as cocaine or ecstasy)?

- Never
- Once or twice
- Monthly
- Weekly
In the **past year**, how many times have you used:

**Inhalants**
(such as nitrous oxide)?

- Never
- Once or twice
- Monthly
- Weekly
In the past year, how many times have you used:

Herbs or synthetic drugs (such as salvia, “K2”, or bath salts)?

- Never
- Once or twice
- Monthly
- Weekly
Proceeding from the S2BI questions #4-7 (adolescents)

All patients who answer “Monthly” or “Weekly” to any of the questions #1-7 are positive should proceed to CRAFFT questions #1-6.

All other patients are negative should proceed to the CRAFFT #1 and then the PHQ-2.
Have you ever ridden in a car driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

No

Yes
Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?

- No
- Yes
Do you ever use alcohol or drugs while you are by yourself, or alone?

No  Yes
Do you ever forget things you did while using alcohol or drugs?

[Answer options: No, Yes]
Do your family or friends ever tell you that you should cut down on your drinking or drug use?

No  Yes
Have you ever gotten into trouble while you were using alcohol or drugs?

No  Yes

[CRAFFT question #6]
Proceeding from the CRAFFT (adolescents)

All patients should proceed to the PHQ-2.
The following questions ask about mood.
Over the last two weeks, how often have you been bothered by:

little interest or pleasure in doing things?

- Not at all
- Several days
- More than half the days
- Nearly every day
Over the last two weeks, how often have you been bothered by:

feeling down, depressed, or hopeless?

Not at all  Several days  More than half the days  Nearly every day
Scoring and proceeding from the PHQ-2 (adolescents)

Patients who answer “not at all” for both PHQ-2 questions are negative and done. Also, adolescent patients who decline to answer both questions on the PHQ-2 are done.

Patients who answer anything other than “not at all” for either question are positive and should proceed to the PHQ-9 Modified for Teens.

Patients who are positive but do not answer any questions on the PHQ-9 Modified for Teens should receive a total score for the PHQ-2. Answers to each PHQ-2 question are assigned points: Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3
Over the last two weeks, how often have you been bothered by: trouble falling asleep, staying asleep, or sleeping too much?

- Not at all
- Several days
- More than half the days
- Nearly every day
Over the last two weeks, how often have you been bothered by: feeling tired, or having little energy?

- Not at all
- Several days
- More than half the days
- Nearly every day
Over the last two weeks, how often have you been bothered by:
poor appetite, weight loss, or overeating?

- Not at all
- Several days
- More than half the days
- Nearly every day
Over the last two weeks, how often have you been bothered by:

- feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?

Not at all

Several days

More than half the days

Nearly every day
Over the last two weeks, how often have you been bothered by:

**trouble concentrating on things like school work, reading, or watching TV?**

- Not at all
- Several days
- More than half the days
- Nearly every day
Over the last two weeks, how often have you been bothered by
moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?

Not at all  Several days  More than half the days  Nearly every day
Over the last two weeks, how often have you been bothered by: thoughts that you would be better off dead, or of hurting yourself in some way?

- Not at all
- Several days
- More than half the days
- Nearly every day
In the past year, have you felt depressed or sad most days, even if you felt okay sometimes?

[PHQ-9 Modified for Teens question extra question #1]

In the past year, have you felt depressed or sad most days, even if you felt okay sometimes?

Yes  No
How difficult have these problems made it for you to do your work, take care of things at home or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult
Has there been a time in the past month when you have had serious thoughts about ending your life?

- Yes
- No
Have you **ever, in your whole life**, tried to kill yourself or made a suicide attempt?

- Yes
- No
Scoring the PHQ-9 Modified for Teens

Answers to each question #1-9 are assigned points: Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3

The total score on the PHQ-9 Modified for Teens includes points on the PHQ-2, but the extra questions are not awarded points.
Thank you for taking the time to answer these questions. Your health care professional will review the results with you.
The following questions ask about recreational drug use.
In your life, have you ever used cannabis?

Examples: marijuana, pot, grass, hash, etc.

Yes  
No
In your life, have you ever used cocaine?

Examples: coke, crack, etc.

[ASSIST question #1b]

No

Yes
In your life, have you ever used **prescription stimulants** just for the feeling, more than prescribed, or that were not prescribed for you?

Examples: Ritalin, Adderall, diet pills, etc.

[ASSIST question #1c]

- Yes
- No
In your life, have you ever used methamphetamine?

Examples: meth, crystal, speed, ecstasy, molly, etc.

[ASSIST question #1d]

Yes
No
In your life, have you ever used **inhalants**?

Examples:
nitrous, glue, paint thinner, poppers, whippets, laughing gas, etc.
In your life, have you ever used **sedatives** just for the feeling, more than prescribed, or that were not prescribed for you?

Examples: sleeping pills, Valium, Xanax, tranquilizers, benzos, etc.

- No
- Yes
In your life, have you ever used hallucinogens?

Examples:
LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.

Yes  No
In your life, have you ever used street opioids?

Examples: Heroin, opium, etc.

Yes

No
In your life, have you ever used prescription opioids just for the feeling, more than prescribed, or that were not prescribed for you?

Examples: Fentanyl, Oxycodone, OxyContin, Percocet, Vicodin, methadone, etc.

[ASSIST question #1i] Yes No
In your life, have you ever used any other drugs to get high?

No  Yes
Please write what other drugs you have used to get high:

1. ________________________________
2. ________________________________
3. ________________________________
Proceeding from the ASSIST questions #1a-j (adults)

Patients who answer “no” to all questions are negative and should proceed to the Alcohol lifetime question.

Patients who answer “yes” to any of the questions are positive and should proceed to ASSIST questions 2-8.
In the **past three months**, how often have you used ___________________?
Proceeding from 
ASSIST question #2
(adults)

Patients who answer “never” for all drugs, or who do not provide an answer, are negative and should proceed to ASSIST questions #6-8.

All other patients are positive and should proceed to ASSIST questions #3-8.
During the **past three months**, how often have you had a strong desire or urge to use ____________________? 

- Never 
- Once or twice 
- Monthly 
- Weekly 
- Daily or almost daily
During the past three months, how often has your use of ____________________ led to health, social, legal or financial problems?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or almost daily
During the past three months, how often have you failed to do what was normally expected of you because of your use of ____________________?

- Never
- Once or twice
- Monthly
- Weekly
- Daily or almost daily
Has a friend or relative or anyone else ever expressed concern about your use of __________________?  

- No, never  
- Yes, in the past 3 months  
- Yes, but not in the past 3 months
Have you *ever* tried and failed to control, cut down or stop using _____________________?

No, never

Yes, in the past 3 months

Yes, but not in the past 3 months
<table>
<thead>
<tr>
<th>Question #2-5</th>
<th>Never = 0</th>
<th>Once or twice = 2</th>
<th>Monthly = 3</th>
<th>Weekly = 4</th>
<th>Daily = 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question #6</td>
<td>Never = 0</td>
<td>Yes, in the past three months = 6</td>
<td>Yes, but not in the past three months = 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question #7</td>
<td>Never = 0</td>
<td>Yes, in the past three months = 6</td>
<td>Yes, but not in the past three months = 3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Each answer for questions #2-7 is assigned points and all points are added for a total score, **per drug**.

All patients should proceed to ASSIST question #8.
Have you ever used any drug by injection? (non-medical use only)

No, never

Yes, in the past 3 months

Yes, but not in the past 3 months
Proceeding from the ASSIST question #8 (adults)

Patients who answer “Yes, in the past three months” are positive and should proceed to Injection pattern questions #1 and #2.

All other patients are negative and should proceed to the drug treatment question.
During the **past three months**, how often have you injected drugs?

- Once per week or less
- More than once per week
During the **past three months**, have you ever injected drugs three or more days in a row?

- Yes
- No
Have you ever been in treatment for drug use?

- No, never
- Yes, in the past
- Yes, currently
Proceeding from the Drug treatment question (adults)

Aa adult patients should proceed to the Alcohol lifetime question.
The following questions ask about alcohol use.
In your life, have you ever drank alcohol?

No

Yes
How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2 – 4 times a month
- 2 – 3 times a week
- 4 or more times a week
Proceeding from AUDIT question #1 (adults)

Patients who answer “Never” or who do not answer AUDIT question #1 are negative and should proceed to the alcohol treatment question.

All other patients are answer positive should proceed to AUDIT questions #2-3.
How many drinks containing alcohol do you have on a typical day when you are drinking?

- 0 - 2
- 3 or 4
- 5 or 6
- 7 - 9
- 10 or more

How much is one drink? Click here.
How often do you have four or more drinks on one occasion?

Never  Less than monthly  Monthly  Weekly  Daily or almost daily
### Scoring and proceeding from AUDIT questions #2 and #3

<table>
<thead>
<tr>
<th>#1. How often do you have a drink containing alcohol?</th>
<th>Never</th>
<th>Monthly or less</th>
<th>2 - 4 times a month</th>
<th>2 - 3 times a week</th>
<th>4 or more times a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>#2. How many drinks containing alcohol do you have on a typical day when you are drinking?</td>
<td>0 - 2</td>
<td>3 or 4</td>
<td>5 or 6</td>
<td>7 - 9</td>
<td>10 or more</td>
</tr>
<tr>
<td>#3. How often do you have four or more drinks on one occasion?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
</tbody>
</table>

Points for each answer: 0 | 1 | 2 | 3 | 4

AUDIT questions #1-3 have five answer choices each. Each answer correlates with points at the bottom of the column. Add up all points (including AUDIT question #1) for a total score.

**MEN:** A total score of 5 or more: proceed to AUDIT questions #4-10. A total score of less than 5: proceed to alcohol treatment question.

**ALL OTHER GENDERS:** A total score of 4 or more: proceed to AUDIT questions #4-10. A total score of less than 4: proceed to alcohol treatment question.

**ALL PATIENTS:** Any patient who scores 1 or more on question #3 should proceed to AUDIT questions #4-10.
How often during the last year have you found that you were not able to stop drinking once you had started?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily
How often during the last year have you failed to do what was normally expected of you because of drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily
How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily
How often during the last year have you had a feeling of guilt or remorse after drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily
How often during the last year have you been unable to remember what happened the night before because of your drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily
Have you or someone else been injured because of your drinking?

- No
- Yes, but not in the last year
- Yes, in the last year
Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?

- No
- Yes, but not in the last year
- Yes, in the last year
Proceeding from AUDIT questions #1-10

All patients should proceed to alcohol treatment question.
Have you ever been in treatment for alcohol use?

- No, never
- Yes, in the past
- Yes, currently
Proceeding from the alcohol treatment question

All patients should proceed to the PHQ-2.
The following questions ask about mood.
Over the last two weeks, how often have you been bothered by:
little interest or pleasure in doing things?

- Not at all
- Several days
- More than half the days
- Nearly every day
Over the last two weeks, how often have you been bothered by:
feeling down, depressed, or hopeless?

- Not at all
- Several days
- More than half the days
- Nearly every day
Proceeding from the PHQ-2 (adults)

Patients who answer “not at all” for both PHQ-2 questions are negative and done. Also, patients who decline to answer both questions on the PHQ-2 are done.

Patients who answer anything other than “not at all” for either question are positive and should proceed to the PHQ-9.
Over the last two weeks, how often have you been bothered by:

**trouble falling asleep, staying asleep, or sleeping too much?**

- Not at all
- Several days
- More than half the days
- Nearly every day
Over the last two weeks, how often have you been bothered by:

feeling tired or having little energy?

- Not at all
- Several days
- More than half the days
- Nearly every day
Over the last two weeks, how often have you been bothered by: poor appetite or overeating?

- Not at all
- Several days
- More than half the days
- Nearly every day
Over the last two weeks, how often have you been bothered by:

feeling bad about yourself – or that you are a failure or have let yourself or your family down?

- Not at all
- Several days
- More than half the days
- Nearly every day
Over the last two weeks, how often have you been bothered by:

trouble concentrating on things, such as reading the newspaper or watching television?

- Not at all
- Several days
- More than half the days
- Nearly every day
Over the last two weeks, how often have you been bothered by:

moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?

Not at all  Several days  More than half the days  Nearly every day
Over the last two weeks, how often have you been bothered by:
thoughts that you would be better off dead, or of hurting yourself in some way?

Not at all  
Several days  
More than half the days  
Nearly every day
How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all  Somewhat difficult  Very difficult  Extremely difficult
Thank you for taking the time to answer these questions. Your health care professional will review the results with you.