Adolescent annual questionnaire

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 doctor if you have any questions.

Patient name: _____

Date of birth: _____

Your answers on this form will remain confidential.

Substance use (CRAFFT):

In the last 12 months, did you:	No	Yes
Drink any alcohol (more than a few sips)?	☐	☐
Smoke any marijuana or hashish?	☐	☐
Use anything else to get high?	☐	☐

If you answered No to all three questions, **answer #1 below**.

If you answered Yes to any questions, answer **questions #1-6 below**

	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?	☐	☐
2. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	☐	☐
3. Do you ever use alcohol or drugs while you are by yourself, or alone?	☐	☐
4. Do you ever forget things you did while using alcohol or drugs?	☐	☐
5. Do your family or friends ever tell you that you should cut down on your drinking or drug use?	☐	☐
6. Have you ever gotten into trouble while you were using alcohol or drugs?	☐	☐

Mood (PHQ-2):

	No	Yes
During the past two weeks, have you been bothered by little interest or pleasure in doing things?	☐	☐
During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?	☐	☐

If you answered Yes to either question, **answer all questions on back**

Mood (PHQ-9 Modified for Teens):

How often have you been bothered by each of the following symptoms during the past **TWO WEEKS?**	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things?	☐	☐	☐	☐
2. Feeling down, depressed, irritable, or hopeless?	☐	☐	☐	☐
3. Trouble falling asleep, staying asleep, or sleeping too much?	☐	☐	☐	☐
4. Feeling tired, or having little energy?	☐	☐	☐	☐
5. Poor appetite, weight loss, or overeating?	☐	☐	☐	☐
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?	☐	☐	☐	☐
7. Trouble concentrating on things like school work, reading, or watching TV?	☐	☐	☐	☐
8. 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?	☐	☐	☐	☐
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	☐	☐	☐	☐
	0	1	2	3

In the **PAST YEAR,** have you felt depressed or sad most days, even if you felt okay sometimes?

☐ Yes ☐ No

If you are experiencing any of the problems on this form, 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

Modified with permission by the GLAD-PC team from the PHQ-9 (Spitzer, Williams, & Kroenke, 1999), Revised PHQ-A (Johnson, 2002), and the CDS (DISC Development Group, 2000)

(For the clinician or behaviorist)

Interpreting the CRAFFT (Substance use)

Each "Yes" response on questions 1-6 receives a point. Points are added for a total score:

Score*	**Risk**	**Recommended action**
"No" to 3 opening questions	Low risk	Positive reinforcement
"Yes" to car question	Driving/Riding risk	Discuss plan to avoid driving after alcohol or drug use or riding with a driver who has been using alcohol or drugs (Consider using Contract for Life)
CRAFFT score = 0	Moderate risk	Brief advice
CRAFFT score = 1		Brief intervention
CRAFFT score ≥ 2	High risk	Consider referral for further assessment

Interpreting the PHQ-2 (Depression)

A "Yes" response from adolescents on either question should result in administering a PHQ-9 Modified for Teens to assess a depression severity.**

Interpreting the PHQ-9 Modified for Teens (Depression)

Questions #1-9 each receive 0-3 points, based on the corresponding column. Points are added for a total score:

Score***	**Depression severity**	**Recommended action with adolescent patient**
0 – 4	None	None
5 – 9	Minimal	Normalize & empathize. Discuss activities, sleep patterns, and family. Consider counseling.
10 - 14	Mild major depression	Consider co-managing with MH professional. Psychotherapy. Consider medication.
15 - 19	Moderate major depression	Conduct safety assessment. Consider crisis services. Consider medication. Refer to mental health provider.
20 - 27	Severe major depression	
"Yes" answer on any suicide question		Immediate follow up

* Committee on Substance Abuse. "Substance Use Screening, Brief Intervention, and Referral to Treatment for Pediatricians." *Pediatrics* 2011, 128;e1330.

** Richardson LP, Rockhill C, Russo J, Grossman DC, Richards, J, McCarty C, McCauley E, Katon W. "Evaluation of the PHQ-2 as a Brief Screen for Detecting Major Depression Among Adolescents." *Pediatrics* 2010, 125;e1097;

***Richardson L, McCauley E, Grossman DC, McCarty CA, Richards J, Russo JE, Rockhill C, Katon W. "Evaluation of the Patient Health Questionnaire-9 Item for Detecting Major Depression Among Adolescents." *Pediatrics* Volume 126, Number 6, December 2010.