Confidential **Adolescent Health Questionnaire**

Please complete this questionnaire when your parents and others are out of the room, and give it directly to the doctor.

Substance use (CRAFFT questions)

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 Yes to any of the above, please also answer the next 5 questions:

	No	Yes
Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	☐	☐
Do you ever use alcohol or drugs while you are by yourself, or alone?	☐	☐
Do you ever forget things you did while using alcohol or drugs?	☐	☐
Do your family or friends ever tell you that you should cut down on your drinking or drug use?	☐	☐
Have you ever gotten into trouble while you were using alcohol or drugs?	☐	☐

Continue here:

	No	Yes
Have you ever ridden in a car driven by someone (including yourself) who was “high” or had been using alcohol or drugs?	☐	☐

Other behavior

	No	Yes
Have you ever played games to make you pass out (like the choking game)?	☐	☐
Have you pierced your body (not including ears) or gotten a tattoo?	☐	☐
Are you attracted to Males?	☐	☐
Are you attracted to Females?	☐	☐
Are you, or do you ever wonder if you are gay, lesbian, bisexual, or transgender?	☐	☐
Have you ever been forced or pressured to do something sexual that you didn't want to do?	☐	☐
Have you ever had sex (including intercourse or oral sex)?	☐	☐
Are you using a method to prevent pregnancy?	☐	☐
If yes, what method(s)?	☐	☐
Have you ever been pregnant or gotten someone pregnant?	☐	☐
Do you think you or your partner could have a sexually transmitted infection?	☐	☐
Has someone at home, school, or anywhere else made you feel afraid, threatened you, or hurt you?	☐	☐
Have you ever considered hurting someone else?	☐	☐
Do you have other concerns you would like to discuss in private?	☐	☐

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, please go on to the next page.

Please answer the following questions if you checked yes to *either* of the Mood questions above.

Mood (PHQ-2)

Over the last 2 weeks, how often have you been bothered by any of the following problems? Check off the box beneath the answer that best describes your feelings.	**Not at all** (0)	**Several days** (1)	**More than half the days** (2)	**Nearly every day** (3)
1. Feeling down, depressed, irritable, or hopeless?	☐	☐	☐	☐
2. Little interest or pleasure in doing things?	☐	☐	☐	☐
3. Trouble falling/staying asleep, or sleeping too much?	☐	☐	☐	☐
4. Poor appetite, weight loss, or overeating?	☐	☐	☐	☐
5. Feeling tired or having little energy?	☐	☐	☐	☐
6. Feeling bad about yourself — or that you're a failure or have let yourself or your family down?	☐	☐	☐	☐
7. Trouble concentrating on things, such as school work, reading, or watching television?	☐	☐	☐	☐
8. 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?	☐	☐	☐	☐
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	☐	☐	☐	☐

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

	No	**Yes**
In the **past year**, have you felt depressed or sad most days, even if you feel okay sometimes?	☐	☐
Has there been a time in the **past month** when you have had serious thoughts about ending your life?	☐	☐
Have you **ever**, in your **whole life**, tried to kill yourself or made a suicide attempt?	☐	☐

Interpretation of CRAFFT questions for substance use

Score 1 point for each positive question after the first 3 questions, up to and including the car question.

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

Interpretation of PHQ-A

Score	Depression severity	Recommended action
0–4	None	None
5–9	Mild	Normalize & empathize. Discuss activities, sleep patterns, and family. Consider counseling.
10–14	Moderate	Consider co-managing with MH professional. Psychotherapy. Consider medication.
15–20	Moderately severe	Conduct safety assessment. Consider crisis services. Consider medication. Refer to mental health provider.
20–27	Severe	
"Yes" 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;

Kroenke K, Spitzer R, Williams W. "The PHQ-9: Validity of a brief depression severity measure." *JGIM* 2001, 16:606-616.