Adolescent Annual Questionnaire (ages 12-17)

We ask all of 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. Your answers on this form will remain confidential.

Patient name: _____

Date of birth: _____

Date: _____

Tobacco: Products include combustible products (e.g. cigarettes, cigars, little cigars, pipes, hookah), smokeless tobacco products (e.g. chew, spit, Snus). E-cigarettes and vaping are not considered tobacco use even though they can have negative health effects.

	No	Yes
Do you currently use any tobacco products?	○	○

Alcohol & Drugs (CRAFFT):

During the PAST 12 MONTHS, did you:	No	Yes
Drink any alcohol (more than a few sips)?	○	○
Smoke, vape or eat any kind of marijuana?	○	○
Use anything else to get high ("anything else" includes illegal drugs, over the counter and prescription drugs and things that you sniff or "huff")?	○	○
Have you ever ridden in a car driven by someone (including yourself) who has "high" or had been using alcohol or drugs?	○	○
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?	○	○

Mood (PHQ-2):

How often have you been bothered by the below symptoms in the last two weeks?

	Not at all	Several Days	More than half the days	Nearly Everyday
Feeling down, depressed or hopeless	○	○	○	○
Little interest or pleasure in doing things	○	○	○	○