

Patient name: _____

Date of birth: _____

Adolescent SBIRT CRAFFT Survey (Ages 11 - 18)

Screening, Brief Intervention, and Referral to Treatment Survey (SBIRT) is an evidence-based practice¹ used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and drugs. The CRAFFT Questionnaire is one SBIRT tool² that can be used in the prior authorization process for opioid prescriptions for adolescent TennCare members (ages 11-18).

Part A

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

	No	Yes
1. In the past 12 months did you drink any <u>alcohol</u> (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)	<input type="checkbox"/>	<input type="checkbox"/>
2. In the past 12 months did you smoke any <u>marijuana or hashish</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past 12 months did you use <u>anything else</u> to <u>get high</u> ? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or huff)	<input type="checkbox"/>	<input type="checkbox"/>

**If all the above answers are "No", ask *Part B* question #1 and stop.
If any of the above answers are "Yes", ask ALL *Part B* questions #1-6.**

Part B

	No	Yes
1. Have you ever ridden in a <u>CAR</u> driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever use alcohol or drugs to <u>RELAX</u> , feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever use alcohol or drugs while you are by yourself, or <u>ALONE</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever <u>FORGET</u> things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your <u>FAMILY</u> or <u>FRIENDS</u> ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever gotten into <u>TROUBLE</u> while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

Two or more "Yes" responses in Part B is a positive screen which may indicate a possible substance use disorder and a need for further medical discussion and/or referral to treatment.

¹For more information or education visit: <https://www.integration.samhsa.gov/clinical-practice/sbirt>

²CRAFFT SURVEY adapted from <http://www.ceasar-boston.org/CRAFFT/>