

To be verbally administered by the clinician

Which Caregiver/Adult Was Involved (Client Name)?	
Date of Activity: / /	
Program Becoming a Mom Family Planning Maternal Child Health (MCH/M&I) Pregnancy Maintenance (PMI) Teen Pregnancy (TPTCM) Kansas Connecting Communities	
Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep y confidential."	your answers
Part A During the PAST 12 MONTHS, on how many days did you:	
Drink more than a few sips of beer, wine, or any drink containing alcohol ? Say "0" if none.	# of days
Use any marijuana (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or synthetic marijuana (like "K2," "Spice")? Say "0" if none.	# of days
Use anything else to get high (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say "0" if none.	# of days
Use a vaping device* containing nicotine or flavors, or use any tobacco products [†] ? Say "0" if none. *Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, Cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.	# of days

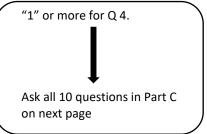
If the patient answered...

"0" for all questions in Part A

Ask 1st question only in Part
B below. then STOP

"1" or more for Q. 1, 2, or 3

Ask all 6 questions in Part B below





Part B		Circle one	
С	Have you ever ridder in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	No	Yes
R	Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in?	No	Yes
Α	Do you ever use alcohol or drugs while you are by yourself, or ALONE ?	No	Yes
F	Do you ever FORGET things you did while using alcohol or drugs?	No	Yes
F	Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	No	Yes
Т	Have you ever gotten into TROUBLE while you were using alcohol or drugs?	No	Yes

Two or more YES answers in Part B suggests a serious problem that needs further assessment.

Part C

"The following questions ask about your use of any vaping devices containing nicotine and/or flavors, or use of any tobacco products.*"

		Circle	one
1.	Have you ever tried to QUIT using, but couldn't?	Yes	No
2.	Do you vape or use tobacco NOW because it is really hard to quit?	Yes	No
3.	Do you ever use alcohol or drugs while you are by yourself, or ALONE?	Yes	No
4.	Do you ever FORGET things you did while using alcohol or drugs?	Yes	No
5.	Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	Yes	No
6.	Have you ever gotten into TROUBLE while you were using alcohol or drugs?	Yes	No
7.	When you HAVEN'T vaped or used tobacco in a while (or when you tried to stop using)		
	a. Did you find it hard to CONCENTRATE because you couldn't vape or use tobacco?	Yes	No
	b. Did you feel more IRRITABLE because you couldn't vape or use tobacco?	Yes	No
	c. Did you feel a strong NEED or urge to vape or use tobacco?	Yes	No
	d. Did you feel NERVOUS, restless, or anxious because you couldn't vape or use tobacco?	Yes	No

One or more YES answers in Part C suggests a serious problem with nicotine that needs further assessment.

Wheeler, K. C., Fletcher, K. E., Wellman, R. J., & DiFranza, J. R. (2004). Screening adolescents for nicotine dependence: the Hooked On Nicotine Checklist. J Adolesc Health, 35(3), 225–230;

McKelvey, K., Baiocchi, M., & Halpern-Felsher, B. (2018). Adolescents' and Young Adults' Use and Perceptions of Pod-Based Electronic Cigarettes. JAMA Network Open, 1(6), e183535.

^{*}References:





Programs Providing Follow-Up: (select all that apply) Becoming a Mom Family Planning Maternal Child Health (MCH/M&I) Pregnancy Maintenance Initiative (PMI) Teen Pregnancy Targeted Case Management(TPTCM) Kansas Connecting Communities (KCC) Was a brief intervention provided? Yes No If yes, what brief intervention was provided? Reviewed screening results Made clinical recommendations Provided education community, and/or treatment resources o Measured patient-motivation and/or readiness to change Reinforced self-efficacy Other Specify other intervention: Why was a brief intervention not provided? Was a referral provided? Yes No What provider type was client referred to? **Beacon Health Options** Substance Use Treatment Provider Internal Mental Health Provider External Mental Health Provider CMHC External Mental Health Provider Private Practice MCO/MCO Care Coordinator Community-Based Support Group Primary Care Provider Other

If other, please specify: __

Why was a referral not provided?

Was the client in crisis?

• Yes
• No