

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 your answers confidential."

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.

 # of days

*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.

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

"1" or more for Q 4.

↓

Ask all 10 questions in Part C on next page

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

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Part B

Circle one

- | | | | |
|----------|--|-----------|------------|
| C | Have you ever ridden 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 |
| A | 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 |
| T | 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.

**References:*

- 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.

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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
- 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

If yes, what action was taken?