CASE 1 – HARLON

Harlon is a 54-year-old divorced man who was in the emergency room 2 days ago with very high blood pressure, severe headache, and a few hours of difficulty speaking. He was diagnosed with a recent transient ischemic attack (TIA – a near stroke). He is at the clinic today to recheck his blood pressure and neurologic status.

AUDIT: In the past 12 months	0	1	2	3	4		
1. How often do you have a drink containing	Never	Monthly or	2-4 times a	2-3 times a	<u>4 or n</u>		
alcohol?		less	month	week	<u>times a</u>	week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1-2	3-4	<u>5-6</u>	7-9	10 or 1	mora	
3. How often do you have 3 or more drinks on	Never	Less than	Monthly	Weekly	Daily		
one occasion?	INCVCI	monthly	wontiny	WCCKIy	<u>almost</u>		
Skip to Questions 9 and 10 if Total Score for		includy				<u></u>	
Questions 2 and $3 = 0$							
4. How often during the last year have you	<u>Never</u>	Less than	Monthly	Weekly	Daily or	almost	
found that you were not able to stop drinking		monthly			dai	ly	
once you had started?	N .T	x .1	NC 11	**7 11	D 1		
5. How often during the last year have you	<u>Never</u>	Less than	Monthly	Weekly	Daily or		
failed to do what was normally expected of you?		monthly			dai	Iy	
6. How often during the last year have you	<u>Never</u>	Less than	Monthly	Weekly	Daily or	almost	
needed a first drink in the morning to get		monthly	wiending	weekiy	dai		
yourself going after a heavy drinking session		5				5	
7. How often during the last year have you had	Never	Less than	Monthly	Weekly	Daily or	almost	
a feeling of guilt or remorse after drinking?		<u>monthly</u>			dai	5	
8. How often during the last year have you	<u>Never</u>	Less than	Monthly	Weekly	Daily or		
been unable to remember what happened the		monthly			dai	ly	
night before because of your drinking? 9. Have you or someone else been injured	No		Voc. but not		Yes, dur	ing the	
because of your drinking?	INO		Yes, but not in the last		last y		
because of your annihing.			year		lust y	our	
10. Has a relative, friend, doctor, or other	No		Yes, but not		Yes, du	<u>uring</u>	
health care worker been concerned about your			in the last		the last year		
drinking or suggested you cut down?			year				
				Total score =			
DAST-10: In the past 12 months					Yes	No	
1. Have you used drugs other than those required	for medical r	easons?				X	
2. Do you use more than one drug at a time?						X	
3. Are you always able to stop using drugs when	you want to?				X		
4. Have you ever had blackouts or flashbacks as a result of drug use?						Χ	
5. Do you ever feel bad or guilty about your drug use?						Χ	
6. Do people in your life ever complain about your involvement with drugs?						Χ	
7. Have you neglected your family because of your use of drugs?						Χ	
8. Have you engaged in illegal activities in order to obtain drugs (other than possession)?						Χ	
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?						X	
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?						X	
				Total score =			

Alice is a 25-year-old woman. She has had difficulty with depression but has been stable on her medication for the past 2 years. She is here for a medication refill. Otherwise she is in excellent health.

AUDIT: In the past 12 months	0	1	2	3	4	
1. How often do you have a drink containing	Never	Monthly or	2-4 times a	<u>2-3 times a</u>	4 or n	nore
alcohol?		less	month	<u>week</u>	times a	week
2. How many drinks containing alcohol do you					10	
have on a typical day when you are drinking?	1-2	3-4	<u>5-6</u>	7-9	10 or 1	
3. How often do you have 3 or more drinks on one occasion?	Never	Less than	Monthly	Weekly	Daily or	
Skip to Questions 9 and 10 if Total Score for		monthly			dai	ly
Questions 2 and $3 = 0$						
4. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or	almost
found that you were not able to stop drinking		monthly		, J	dai	
once you had started?		5				5
5. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or	almost
failed to do what was normally expected of		monthly			dai	ly
you?						
6. How often during the last year have you	<u>Never</u>	Less than	Monthly	Weekly	Daily or	
needed a first drink in the morning to get		monthly			dai	ly
yourself going after a heavy drinking session	Never	Less than	Mandh la	Westeler	Deileren	-1
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	monthly	Monthly	Weekly	Daily or dai	
8. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or	
been unable to remember what happened the		monthly	wonting	Weekiy	dai	
night before because of your drinking?						- 5
9. Have you or someone else been injured	No		Yes, but not		Yes, dur	ing the
because of your drinking?			in the last		last y	vear
			year			
10. Has a relative, friend, doctor, or other	<u>No</u>		Yes, but not		Yes, dur	-
health care worker been concerned about your			in the last		last y	ear
drinking or suggested you cut down?			year			
				Total score =		
DAST-10: In the past 12 months					Yes	No
1. Have you used drugs other than those required	for medical r	easons?				X
2. Do you use more than one drug at a time?						Χ
3. Are you always able to stop using drugs when	you want to?				Χ	
4. Have you ever had blackouts or flashbacks as a result of drug use?						Χ
5. Do you ever feel bad or guilty about your drug use?						X
6. Do people in your life ever complain about your involvement with drugs?						X
7. Have you neglected your family because of your use of drugs?						X
8. Have you engaged in illegal activities in order to obtain drugs (other than possession)?						X
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?						X
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?						X
<i>€</i> /				Total score =		

Izaiah is a 22-year-old single man on probation for larceny. He is at the clinic today after an emergency room visit for an asthma exacerbation.

AUDIT: In the past 12 months	0	1	2	3	4		
1. How often do you have a drink containing	Never	Monthly or	2-4 times a	<u>2-3 times a</u>	4 or n		
alcohol?		less	month	week	times a	week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10 or 1	more	
3. How often do you have 4 or more drinks on	Never	Less than	Monthly	Weekly	Daily or	almost	
one occasion?		monthly	5		dai		
Skip to Questions 9 and 10 if Total Score for							
Questions 2 and $3 = 0$							
4. How often during the last year have you	<u>Never</u>	Less than	Monthly	Weekly	Daily or		
found that you were not able to stop drinking		monthly			dai	ly	
once you had started?	Nerver	T 41	M	Weekly	Daily or	-1	
5. How often during the last year have you failed to do what was normally expected of you	<u>Never</u>	Less than monthly	Monthly	weekly	Daily of dai		
because of your drinking?		montiny			uai	Iy	
6. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or	almost	
needed a first drink in the morning to get		monthly		, , , , , , , , , , , , , , , , , , ,	dai		
yourself going after a heavy drinking session						5	
7. How often during the last year have you had	<u>Never</u>	Less than	Monthly	Weekly	Daily or	almost	
a feeling of guilt or remorse after drinking?		monthly			dai		
8. How often during the last year have you	<u>Never</u>	Less than	Monthly	Weekly	Daily or		
been unable to remember what happened the		monthly			dai	ly	
night before because of your drinking?	NI -		Yes, but not		Yes, dur	• 4	
9. Have you or someone else been injured because of your drinking?	<u>No</u>		in the last		Yes, dur last y	•	
because of your drinking?			year		last y	Cal	
10. Has a relative, friend, doctor, or other	No		Yes, but not		Yes, dur	ing the	
health care worker been concerned about your			in the last		last year		
drinking or suggested you cut down?			year				
				Total score =			
DAST-10: In the past 12 months					Yes	No	
1. Have you used drugs other than those required for medical reasons?							
2. Do you use more than one drug at a time?					X		
3. Are you always able to stop using drugs when you want to?							
4. Have you ever had blackouts or flashbacks as a result of drug use?						Χ	
5. Do you ever feel bad or guilty about your drug use?							
6. Do people in your life ever complain about your involvement with drugs?							
7. Have you neglected your family because of your use of drugs?						Χ	
8. Have you engaged in illegal activities in order to obtain drugs (other than possession)?							
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?						X	
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions,						X	
bleeding)?	-	- •	_				
				Total score =			

CASE 4 – BETTY

Betty, a 35-woman, was brought to the emergency room last night. She was very intoxicated and got in a bar fight. Today she seeks care for her injuries – various bruises, chest pain when she takes a deep, and a headache.

AUDIT: In the past 12 months	0	1	2	3	4			
1. How often do you have a drink containing	Never	Monthly or	2-4 times a	<u>2-3 times a</u>	4 or n			
alcohol?		less	month	week	times a	week		
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1-2	3-4	5-6	<u>7-9</u>	10 or 1	nore		
3. How often do you have 3 or more drinks on	Never	Less than	Monthly	Weekly	Daily or			
one occasion?		monthly	5		dail			
Skip to Questions 9 and 10 if Total Score for						-		
Questions 2 and $3 = 0$								
4. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or			
found that you were not able to stop drinking		monthly			dail	y		
once you had started?	N	T 4	Marchle	Weekly	D 1	1 (
5. How often during the last year have you failed to do what was normally expected of	Never	Less than monthly	<u>Monthly</u>	weekly	Daily or dail			
you?		monuny			uan	y		
6. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or	almost		
needed a first drink in the morning to get		monthly	monung	weeking	dail			
yourself going after a heavy drinking session		5				5		
7. How often during the last year have you had	Never	Less than	Monthly	Weekly	Daily or	almost		
a feeling of guilt or remorse after drinking?		monthly			dail			
8. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or			
been unable to remember what happened the		monthly			dail	y		
night before because of your drinking?), j		X7 1 4 4		X7	•		
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last		Yes, du the last			
because of your drinking?			year		the last	year		
10. Has a relative, friend, doctor, or other	No		Yes, but not		Yes, dur	ing the		
health care worker been concerned about your	10		in the last		last year			
drinking or suggested you cut down?			year					
				Total score =				
DAST-10: In the past 12 months					Yes	No		
1. Have you used drugs other than those required	for medical re	easons?				X		
2. Do you use more than one drug at a time?						X		
3. Are you always able to stop using drugs when	3. Are you always able to stop using drugs when you want to?							
4. Have you ever had blackouts or flashbacks as a result of drug use?						X		
5. Do you ever feel bad or guilty about your drug use?						X		
6. Do people in your life ever complain about your involvement with drugs?						X		
7. Have you neglected your family because of your use of drugs?						X		
8. Have you engaged in illegal activities in order to obtain drugs (other than possession)?						X		
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?						X		
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?						X		
				Total score =				

Elana is a 44-year-old woman. She returns to the clinic for a refill of her antidepressants.

AUDIT: In the past 12 months	0	1	2	3	4	
1. How often do you have a drink containing	Never	Monthly or	2-4 times a	2-3 times a	4 or n	
alcohol?		less	month	week	times a	week
2. How many drinks containing alcohol do you	<u>1-2</u>	3-4	5-6	7-9	10 or 1	nora
have on a typical day when you are drinking? 3. How often do you have 3 or more drinks on	<u>Never</u>	Less than	Monthly	Weekly	Daily or	
one occasion?	INCVCI	monthly	wonting	Weekly	dail	
Skip to Questions 9 and 10 if Total Score for						5
Questions 2 and $3 = 0$						
4. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or	
found that you were not able to stop drinking		monthly			dail	у
once you had started? 5. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or	almost
failed to do what was normally expected of	INEVEL	monthly	wontiny	WEEKIY	dail	
you?		montiny			dun	y
6. How often during the last year have you	Never	Less than	Monthly	Weekly	Daily or	almost
needed a first drink in the morning to get		monthly			dail	у
yourself going after a heavy drinking session		_				_
7. How often during the last year have you had	<u>Never</u>	Less than	Monthly	Weekly	Daily or	
a feeling of guilt or remorse after drinking? 8. How often during the last year have you	Never	monthly Less than	Monthly	Weekly	dail Daily or	
been unable to remember what happened the	INEVEL	monthly	wontiny	WEEKIY	dail	
night before because of your drinking?		montiny			dan	y
9. Have you or someone else been injured	No		Yes, but not		Yes, dur	ing the
because of your drinking?			in the last		last y	ear
			year			
10. Has a relative, friend, doctor, or other	<u>No</u>		Yes, but not		Yes, dur	
health care worker been concerned about your drinking or suggested you cut down?			in the last		last y	ear
drinking of suggested you cut down?			year	T - 4 - 1		
				Total score =		
DAST-10: In the past 12 months					Yes	No
1. Have you used drugs other than those required for medical reasons?						X
2. Do you use more than one drug at a time?						X
3. Are you always able to stop using drugs when	you want to?				X	
4. Have you ever had blackouts or flashbacks as a result of drug use?						X
5. Do you ever feel bad or guilty about your drug use?						
6. Do people in your life ever complain about your involvement with drugs?						X
7. Have you neglected your family because of your use of drugs?						
8. Have you engaged in illegal activities in order to obtain drugs (other than possession)?						X
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?						X
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?						X
				Total score =		

Frank is a 16-year-old boy. He returns to the clinic for a school physical.

CRAFFT - Part A - Questions

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?10... use any marijuana (cannabis, weed, oil, wax, or hash, by smoking,
vaping, dabbing, or in edibles) or synthetic marijuana (like K2 or
spice)?20... use anything else to get high (like other illegal drugs, pills,
prescription, or over-the-counter medications, and things you snuff,
huff, vape, or inject)?0

"Zero" or "None" are the only negative responses. Any number greater than zero is a positive response.

CRAFFT - Part B - Questions

Circle one:

С	Have you ridden in a C ar 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 R elax, 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 T rouble while you were using alcohol or drugs?	No Yes