

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

CASE 2 – ALICE

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

CASE 3 – IZAI AH

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

CASE 4 – BETTY

Betty, a 35-year-old 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 breath, and a headache.

AUDIT: In the past 12 months...	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	<u>2-3 times a week</u>	4 or more 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 more	
3. How often do you have 3 or more drinks on one occasion? <i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i>	Never	Less than monthly	Monthly	<u>Weekly</u>	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	<u>Never</u>	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you?	Never	Less than monthly	<u>Monthly</u>	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<u>Never</u>	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	<u>Monthly</u>	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	<u>Never</u>	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		<u>Yes, during the last year</u>	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	<u>No</u>		Yes, but not in the last year		Yes, during the last year	
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?						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 =						

CASE 5 – ELANA

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 alcohol?	Never	<u>Monthly or less</u>	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	<u>1-2</u>	3-4	5-6	7-9	10 or more	
3. How often do you have 3 or more drinks on one occasion? <i>Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0</i>	<u>Never</u>	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	<u>Never</u>	Less than monthly	Monthly	Weekly	Daily or almost daily	
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 or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	<u>Never</u>	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	<u>Never</u>	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	<u>Never</u>	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	<u>No</u>		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	<u>No</u>		Yes, but not in the last year		Yes, during the last year	
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?					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 =						

CASE 6 – FRANK

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:
C	Have you ridden in a C ar driven by someone (including yourself) who was high or had been using alcohol or drugs?	No <input type="radio"/> Yes <input type="radio"/>
R	Do you ever use alcohol or drugs to R elax, feel better about yourself, or fit in?	No <input type="radio"/> Yes <input checked="" type="radio"/>
A	Do you ever use alcohol or drugs while you are by yourself, or A lone?	No <input type="radio"/> Yes <input type="radio"/>
F	Do you ever F orget things you did while using alcohol or drugs?	No <input type="radio"/> Yes <input type="radio"/>
F	Do your F amily or F riends ever tell you that you should cut down on your drinking or drug use?	No <input type="radio"/> Yes <input checked="" type="radio"/>
T	Have you ever gotten into T rouble while you were using alcohol or drugs?	No <input type="radio"/> Yes <input checked="" type="radio"/>