

MARYLAND *Healthy Kids* PROGRAM

Maryland Department of Health and Mental Hygiene
Division of Healthy Kids

Date of Service : _____

Patient Name : _____ Date of Birth : _____

Adolescent Substance Abuse Assessment

If the patient acknowledges use of alcohol or drugs ask the following questions:

C – Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

Y N

R – Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

Y N

A – Do you ever use alcohol/drugs while you are by yourself, ALONE?

Y N

F – Do you ever FORGET things you did while using alcohol or drugs?

Y N

F – Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?

Y N

T – Have you gotten into TROUBLE while you were using alcohol or drugs?

Y N

Refer if the patient answers yes to two or more of the above questions.
Contact Managed Care Organization/Behavior Health Organization for substance abuse treatment services. See resource section of the manual for authorization/notification numbers.