**S2BI: Screening to Brief Intervention**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| In the past year (12 months), how many times have you used: | Never | Once or twice | Monthly | Weekly |
| 1. Tobacco
 | ☐ | ☐ | ☐ | ☐ |
| 1. Alcohol
 | ☐ | ☐ | ☐ | ☐ |
| 1. Marijuana
 | ☐ | ☐ | ☐ | ☐ |
| STOP if all “Never.” Otherwise, CONTINUE. |
| 1. Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?
 | ☐ | ☐ | ☐ | ☐ |
| 1. Illegal Drugs (such as cocaine or Ecstasy)?
 | ☐ | ☐ | ☐ | ☐ |
| 1. Inhalants (such as nitrous oxide)?
 | ☐ | ☐ | ☐ | ☐ |
| 1. Herbs or synthetic drugs (such as salvia, “K2”, or bath salts)?
 | ☐ | ☐ | ☐ | ☐ |

**Scoring the S2BI**

Administer first 3 questions. Stop if all “Never”. Otherwise, administer the next set of questions and follow the instructions below based on the received responses.

**S2BI Algorithm**

**Never**

**Once or Twice**

**Weekly Use**

**Monthly Use**

No Substance Use

No Substance Use Disorder Risk

Severe SUD Risk

Mild/Moderate SUD Risk

**Positive Reinforcement**

**Brief Intervention/Motivational Intervention:** reduce use & risky behavior

**Brief Advice**

**Refer to SUD provider
for further assessment**

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**CRAFFT Screening Tool**

**CRAFFT Part A**

|  |  |  |
| --- | --- | --- |
| During the PAST 12 MONTHS, did you: | NoIf you answered “No” to all three questions, answer #1 below | YesIf you answered “Yes” to any questions, answer questions #1-6 below |
| Drink any alcohol (more than a few sips)?(Do not count sips of alcohol taken during family or religious events.) | ☐ | ☐ |
| Smoke any marijuana or hashish?  | ☐ | ☐ |
| Use anything else to get high? | ☐ | ☐ |

**CRAFFT Part B**

|  |  |  |
| --- | --- | --- |
|  | No | Yes |
| 1. Have you ever ridden in a Car driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
 | ☐ | ☐ |
| 1. Do you ever use alcohol or drugs to Relax, feel better about yourself, or fit in?
 | ☐ | ☐ |
| 1. Do you ever use alcohol or drugs while you are by yourself, or Alone?
 | ☐ | ☐ |
| 1. Do you ever Forget things you did while using alcohol or drugs?
 | ☐ | ☐ |
| 1. Do your family or Friends ever tell you that you should cut down on your drinking or drug use?
 | ☐ | ☐ |
| 1. Have you ever gotten into Trouble while you were using alcohol or drugs?
 | ☐ | ☐ |

**Interpreting the CRAFFT**

**Each “Yes” response on questions 1-6 receives a point. Points are added for a total score: \_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| Score | Risk | Recommended Action |
| “No” to 3 opening questions | Low Risk | Positive Reinforcement |
| “Yes” to Car Question | Driving/Riding Risk | Discuss plan to avoid driving after alcohol or drug use or riding with a driver who has been using alcohol or drugs |
| CRAFFT Score = 0 | Moderate Risk | Brief Advice |
| CRAFFT Score = 1 | Brief Intervention |
| CRAFFT Score ≥ 2 | High Risk | Brief Intervention and Referral to Treatment |