

**Figure. Adolescent Screen and Brief Assessment Tool Questions**

Screening Questions (Asked of All Participants):	Response Items
<p>In the past year, how many times have you used [X]?</p> <ul style="list-style-type: none"> <li>Tobacco products</li> <li>Alcohol</li> <li>Marijuana</li> <li>Illegal drugs (such as cocaine or Ecstasy)</li> <li>Prescription drugs that were not prescribed for you (such as pain medication or Adderall)</li> <li>Over-the-counter medications (such as cough medicine) for nonmedical reasons</li> <li>Inhalants (such as nitrous oxide)</li> <li>Herbs or synthetic drugs (such as salvia, K2, or bath salts)</li> </ul>	<p>Never</p> <p>Once or twice</p> <p>Monthly</p> <p>Weekly</p> <p>Daily</p> <p>Almost daily</p>
<p><b>Brief assessment questions (Asked of participants who answered "yes" to screening questions, contingent on frequency):</b></p> <p><b>RAFFT (For any past-year alcohol, marijuana, or other drug use)</b></p> <ul style="list-style-type: none"> <li>Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?</li> <li>Do you ever use alcohol or drugs while you are by yourself, alone?</li> <li>Do you ever forget things you did while using alcohol or drugs?</li> <li>Do your family or friends ever tell you that you should cut down on your drinking or drug use?</li> <li>Have you ever gotten into trouble while you were using alcohol or drugs?</li> </ul>	<p>Yes/No:</p>
<p><b>Alcohol (If once or more):</b></p> <ul style="list-style-type: none"> <li>Have you had X or more drinks on one occasion on 3 or more days?</li> <li>Had an alcoholic "blackout" (periods that you could not remember due to drinking), "passed out," or had an emergency department visit due to substance use?</li> <li>Had 10 or more drinks on one occasion?</li> <li>Combined any of the following: alcohol, sedatives such as barbiturates (such as phenobarbital or pentobarbital), benzodiazepines (such as Klonopin, Ativan, or Xanax), opiates, or a prescription pain medication?</li> </ul> <p><b>If weekly or monthly:</b></p> <ul style="list-style-type: none"> <li>Have you used alcohol 5 or more days per week for 2 or more weeks?</li> </ul>	
<p><b>Marijuana (If weekly or monthly):</b></p> <ul style="list-style-type: none"> <li>Have you used marijuana one or more times per day for 2 or more weeks?</li> </ul>	
<p><b>Tobacco products (If weekly or monthly):</b></p> <ul style="list-style-type: none"> <li>Have you used tobacco one or more times per day for 2 or more weeks?</li> </ul>	
<p><b>Other substances (If once or more):</b></p> <ul style="list-style-type: none"> <li>Have you used [X] in the past 30 days?</li> <li>Prescription medications (not prescribed for you)</li> <li>Over-the-counter medications (not for medical purposes)</li> <li>Inhalants</li> <li>Herbal supplements</li> <li>Synthetic drugs</li> </ul>	

**Table 1. Definition of Substance Use Categories**

Substance Use Disorder	Full Screen and Brief Assessment Tool	Screen to Brief Intervention
None	Any past-year substance use, RAFFT score = 0, other assessment questions negative	Once or twice use of any substance
Mild-moderate	Any past-year substance use, RAFFT score >1, other assessment questions negative	Monthly use of any substance
Severe	Any past-year substance use, RAFFT score >1, other assessment questions positive	Weekly or greater use of any substance

Abbreviation: RAFFT, relax, alone, forget, friends or family, trouble.