CHISPA

A Clinical Instrument to Guide Brief Intervention

For high school students ≥ 14 years old

Patient number: _____ Date: _____ Age: _____ Grade: _____ Sex: ☐ Male ☐ Female

Read: Information you provide on this form is CONFIDENTIAL and will not be shared outside of this clinic UNLESS you tell us you are thinking about harming yourself or harming someone else or that you are being abused. By law, we must report that information, and we will assist you in getting any help that you need for those problems. Please fill this form out completely and honestly (*without including your name*) to help us give you the best health care.

1. Which of the substances listed below have you used anytime ***during the past 3 months***? (*Check ALL that apply to you)*

☐ Alcohol (beer, wine, liquors, distilled spirits, etc.)

Drugs that stimulate or speed up the brain (uppers):

- ☐ Amphetamines (meth, crystal, speed)
- ☐ Cocaine or Crack (coke, coco)
- ☐ Drugs used to treat ADD or ADHD (Ritalin, Adderall, ady)

Drugs that relax or slow down the brain (downers):

- ☐ Pain-relieving drugs (Codeine, Oxycontin, oxy, Percocet, percs)
- ☐ Tranquilizing drugs (Valium, Xanax, Ativan, benzos, etc.)
- ☐ Heroin (can be smoked, snorted, or injected)
- ☐ Methadone (pills used to treat heroin addiction)
- ☐ Street Bup (sub, Suboxone)

☐ Marijuana (weed, bud, cush, hash, hashish)

☐ Synthetic marijuana (Spice, K2)

☐ Drugs causing hallucinations: Acid (LSD), mushrooms (shrooms)

☐ Club Drugs (ecstasy, X, GHB, molly, rolling)

☐ Special K, Salvia, PCP

☐ Huffing or sniffing (glue, aerosol sprays, paint, markers, thinners, etc.)

☐ Other substances (describe): _____

☐ I have NOT used any alcohol or drugs or substances of any type during *the **past 3 months*** (*If no use, stop here*)

2. On how many days **during the past 3 months** did you usually use alcohol or drugs or other substances to get high?

☐ No days ☐ 1 - 3 days per month ☐ 1 - 2 days per week ☐ 3 - 4 days per week ☐ 5 - 6 days per week ☐ 7 days/week

3. **During the *past 3 months*,** WHEN you used alcohol or drugs, did you . . . Check yes or no to each item:

a. Black out or pass out (or forget to do important things)	☐ Yes	☐ No
b. Use alcohol *with* any downer drugs	☐ Yes	☐ No
c. Drive while intoxicated on alcohol or high on drugs (or ride with others who were)	☐ Yes	☐ No
d. Have 4 or more drinks of alcohol on any day (1 drink = 1 beer, 1 glass of wine, or 1 ounce liquor)	☐ Yes	☐ No
e. Inject any drugs or substances	☐ Yes	☐ No
f. Use so much alcohol or drugs that you had to go or be taken to the emergency room	☐ Yes	☐ No
g. Have sex without using a condom	☐ Yes	☐ No
h. Get into physical fights	☐ Yes	☐ No
i. Get injured due to fights or accidents	☐ Yes	☐ No
j. Have *serious* conflicts or arguments with family members or teachers or close friends	☐ Yes	☐ No

4. On your most recent **report card** for school, please write down how many **courses** for which you made each **grade**:

Please make your best estimates if you are not sure -- A: _____ B: _____ C: _____ D: _____ F: _____

5. How much do you want to stop or reduce your use of alcohol and/or drugs? ☐ Not at all ☐ A little ☐ Some ☐ A lot

6. Have you ever tried to stop or reduce your use of alcohol or drugs? ☐ Never ☐ Yes, once ☐ Yes, more than once ☐ Yes, all the time

School: _____ Provider: _____

UNM SCHOOL of MEDICINE
Division of Adolescent Medicine

THE UNIVERSITY of NEW MEXICO
Center on Alcoholism Substance Abuse & Addictions (CASAA)