

Strength of Recommendations
Bold = Good
Italics = Fair
Plain Text = consensus or inconclusive evidence



The CRAFFT Screening Interview			
Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."			
Part A	During the past 12 months did you:	No	Yes
	1. Drink any <u>alcohol</u> (more than a few sips)?	<input type="checkbox"/>	<input type="checkbox"/>
	2. Smoked any <u>marijuana</u> or hashish?	<input type="checkbox"/>	<input type="checkbox"/>
	3. Used <u>anything else to get high?</u> ("anything else" includes illegal drugs, over the counter and prescription drugs and things that you sniff or "huff")	<input type="checkbox"/>	<input type="checkbox"/>
For clinic use only: Did the patient answer "yes" to any questions in Part A? No <input type="checkbox"/> Yes <input type="checkbox"/>			
→ Ask CAR question only, then stop. → Ask all 6 CRAFFT questions			
Part B	Have you ever ridden in a <u>CAR</u> driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
	Do you ever use alcohol or drugs to <u>RELAX</u> , feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
	Do you ever use alcohol or drugs while you are by yourself, or <u>ALONE</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
	Do you ever <u>FORGET</u> things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
	Do your <u>FAMILY</u> or <u>FRIENDS</u> ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
	Have you ever gotten into <u>TROUBLE</u> while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Two or more yes answers in the CRAFFT suggest a serious problem and need for further assessment.			
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Screening for Major Depressive Disorder -USPSTF	
Age 12 years to 18 years	7 to 11 yrs
Screen (when systems in place for diagnosis, treatment and follow-up)	Insufficient evidence
Risk factors- parental depression, co-morbid mental health or chronic medical conditions, having experienced a major negative life event	
Tools-Patient Health Questionnaire for Adolescent (PHQ9-A) & Beck Depression Inventory-Primary Care version (BDI-PC)	Tools perform less well
Treatment-Pharmacotherapy – fluoxetine (a SSRI) is efficacious but SSRIs have a risk of suicidality – consider only if clinical monitoring is possible. Psychotherapy alone or combined with pharmacotherapy can be efficacious.	

Risk Factors for youth suicide
History of previous suicide attempts
Family history of suicide or violence
History of depression or other mental illness
Alcohol or drug abuse
Stressful life event or loss
Easy access to lethal methods
Exposure to the suicidal behaviour of others
Incarceration
www.cdc.gov/violenceprevention/suicide/index.html

Mental Health Resources and about SSRIs
www.ementalhealth.ca/
www.kidsmentalhealth.ca/professionals/interventions_and_research.php
www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health/antidepressant-medications-for-children-and-adolescents-information-for-parents-and-caregivers.shtml

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Disclaimer: Given the evolving nature of evidence and changing recommendations, the Greig Health Record is meant to be used as a guide only.

Gambling Screening Recommendations: older children	
Associated behaviours	Screening for a gambling problem
Parental concern re emotional health Academic performance problems Sleep problems, Substance use Criminal activities or money missing from the home	Frequency - at least once per week Limits – gambling more than planned Secrecy – hiding gambling, lying *Ask about depression/suicide in those aware that they have a problem

<http://www.cps.ca/en/documents/position/gambling-children-adolescents>

Female Sexual Maturity Rating (SMR)					
Stage	1	2	3	4	5
Age range (mean ± 1 SD)		10.5-12.9 yrs	11.3 – 13.5 yrs	11.8 – 14.0 yrs	13.3 – 15.5 yrs
Breasts		Breast and papilla elevated as small mound, or breast bud, areolar diameter increased.	Breast and areola enlarged, no contour separation	Areola and papilla form secondary mound projecting from the contour of the surrounding breast	Adult size and contour. Areola returns to part of general breast contour, nipple projects
Pubic Hair		Hair is sparse, lightly pigmented and straight, located on medial border of labia majora	Hair is darker, more coarse and beginning to curl, increased in amount and begins to extend laterally	Hair is coarse and curly as in the adult, hair extends across the pubis but spares the medial thighs	Adult hair – coarse and curly, spreads to medial surface of thighs
Menarche (10.8 – 14.5 yrs)		10%	30%	90%	100%
Acne			Mean age of onset – 13.2 years		

Male Sexual Maturity Rating (SMR)					
Stage	1	2	3	4	5
Age range (mean ± 1 SD)		12.4 - 14.5 yrs	12.9 – 14.9 yrs	13.3 – 15.4 yrs	14.1 – 16.3 yrs
Penis		Slight enlargement	Begins to lengthen	Increases in length and circumference	Adult
Testes & Scrotum	Testicular Volume	volume less than 1.5 ml	1.6 – 6 ml	6 – 12 ml	12 - 20 ml
	Scrotal changes		Skin on scrotum- thins and reddens, scrotum enlarges	Further scrotal enlargement	Further scrotal enlargement, skin darkens
Pubic Hair		Small amount of long and slightly pigmented hair at base of the penis and scrotum	Hair is darker, starts to curl but small in amount	Hair is coarse and curly as in adult, extends across the pubis but spares the medial thighs	Adult hair – coarse and curly, distribution, spreads to medial surface of the thighs
Acne			Mean age of onset – 14.3 years		
Facial Hair				Facial hair develops	

Adapted from *Tanner JM, Growth at Adolescence, Blackwell Scientific Publications, Oxford, 1962 *Marshall WA, Tanner JM, Arch Dis Child 44 :291, 1969

Precocious Puberty	The appearance of physical signs of puberty before the age of 9 in boys & in girls before age 7 or 8.
Delayed Puberty	No pubertal development by 15 years in boys or 13 in girls (thelarche). Also no menarche by age 16. = 2 SD above the mean
Details in Neinstein et al. <i>Adolescent Health Care: A Practical Guide 5th edition</i> . Philadelphia: Lippincott Williams and Wilkins; 2007 http://emedicine.medscape.com/article/924002-overview	