

The CRAFFT Screening Questions

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. Smoke any <u>marijuana or hashish</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Use <u>anything else</u> to <u>get high</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |

“anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”

If the patient answered **NO** to **ALL** of the questions in Part A, ask the **CAR** question only. If the patient answered **YES** to **ANY** of the questions in Part A, ask **ALL SIX** CRAFFT questions.

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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you ever use alcohol or drugs while you are by yourself, or ALONE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you ever FORGET things you did while using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever gotten into TROUBLE while you were using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |

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