

The CRAFFT Screening Questions

Please answer all questions honestly; your answers will be kept confidential.

Name: _____ Cell # _____ Date: _____

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</u> or <u>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 you answered NO to ALL (A1, A2, A3) answer **only B1** below, then STOP.

If you answered YES to ANY (A1 to A3), answer **B1 to B6** below.

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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