

# 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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