

Name _____

Medical Record or ID Number _____ Date _____

The CRAFFT Screening Questionnaire

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

Part A

During the PAST 12 MONTHS, did you:

1. Drink any alcohol (more than a few sips)?

No

Yes

2. Smoke any marijuana or hashish?

3. Use anything else to get high?

("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, A2, 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?

2. Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

3. Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?

4. Do you ever **FORGET** things you did while using alcohol or drugs?

5. Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

6. Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

The information on this page may be protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOT sufficient.

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