

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

## Part B

	No	Yes
1. Have you ever ridden in a <b>CAR</b> 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 <b>RELAX</b> , 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 <b>ALONE</b> ?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever <b>FORGET</b> things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your <b>FAMILY</b> or <b>FRIENDS</b> 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 <b>TROUBLE</b> while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

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