

# The CRAFFT Screening Questions

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

## Part A

During the PAST 12 MONTHS, did you:

No

Yes

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



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?



### CONFIDENTIALITY NOTICE:

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.

© Children’s Hospital Boston, 2009.

Reproduced with permission from the Center for Adolescent Substance Abuse Research, CeASAR, Children’s Hospital Boston. CRAFFT Reproduction produced with support from the Massachusetts Behavioral Health Partnership.

This form is not a diagnostic tool. The content is for educational purposes only and is not a substitute for professional health care. This form is not meant to provide medical advice or other health services. It is not meant to replace professional advice or imply coverage of specific clinical services or products. Consult your healthcare professional concerning your specific health needs. Certain treatments may not be covered in your benefit plans. Check your health plan regarding your coverage of services.