

CRAFFT

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

Name _____

Date of Birth: _____

~~Medical Record or ID Number~~

Date _____

Part A

During the PAST 12 MONTHS, did you:

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"

No

☐☐☐

If you answered
NO to ALL
(A1, A2, A3)
answer
only B1 below,
then STOP.

Yes

☐☐☐

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

Part B

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?

No

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Yes

☐☐☐☐☐☐

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