

CRAFFT Screening Tool for Adolescent Substance Abuse

The following questions concern information about your potential involvement with alcohol and other drugs during the past 12 months. Carefully read each question and decide if your answer is “YES” or “NO”. Then mark in the appropriate box beside the question. Please answer every question. If you cannot decide, then choose the response that is mostly right.

When the word “drug” is used, it refers to the use of prescribed or over-the-counter drugs that are used in excess of the directions and any non-medical use of drugs. The various classes of drugs may include but are not limited to: cannabis (e.g., marijuana, hash), solvents (e.g., gas, paints etc...), tranquilizers (e.g., Valium), barbiturates, cocaine, and stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., Heroin, Oxycontin).

Part A: During the PAST 12 MONTHS, did you:		No	Yes
1.	Drink any <u>alcohol</u> (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)		
2.	Smoke any <u>marijuana or hashish</u> ?		
3.	Use <u>anything else</u> to <u>get high</u> ? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")		
Part B: CRAFFT		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?		