The CRAFFT Screening Questions
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**?
   - No [ ]
   - Yes [ ]

3. Use anything else to get high?
   - No [ ]
   - Yes [ ]
   "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 to A3), answer B1 to B6 below.

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**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?
   - No [ ]
   - Yes [ ]

2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
   - No [ ]
   - Yes [ ]

3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?
   - No [ ]
   - Yes [ ]

4. Do you ever FORGET things you did while using alcohol or drugs?
   - No [ ]
   - Yes [ ]

5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?
   - No [ ]
   - Yes [ ]

6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?
   - No [ ]
   - Yes [ ]

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**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.