

NAME: _____

DOB: _____

TODAY'S DATE: _____

The CRAFFT Questionnaire (version 2.0)

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

During the **PAST 12 MONTHS**, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none.

of days

2. Use any **marijuana** (pot, weed, hash, or in foods) or "**synthetic marijuana**" (like "K2" or "Spice")? Put "0" if none.

of days

3. Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff or "huff")? Put "0" if none.

of days

READ THESE INSTRUCTIONS BEFORE CONTINUING:

- If you put "0" in **ALL** of the boxes above, **ANSWER QUESTION 4, THEN STOP.**
- If you put "1" or higher in **ANY** of the boxes above, **ANSWER QUESTIONS 4-9.**

- | | No | Yes |
|---|--------------------------|--------------------------|
| 4. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | ☐ | ☐ |
| 5. Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in? | ☐ | ☐ |
| 6. Do you ever use alcohol or drugs while you are by yourself, or ALONE ? | ☐ | ☐ |
| 7. Do you ever FORGET things you did while using alcohol or drugs? | ☐ | ☐ |
| 8. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? | ☐ | ☐ |
| 9. Have you ever gotten into TROUBLE while you were using alcohol or drugs? | ☐ | ☐ |

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

The information on this page is 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.

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