

Name: _____

Date: _____

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 questions 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 work “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 (marijuana, hash), solvents (gas, paints), tranquilizers (valium), barbiturates, cocaine, and stimulants (speed), hallucinogen (LSD) or narcotics (Heroin, OxyContin).

		NO	YES
1.	During the PAST 12 months did you drink any alcohol (more than a few sips)?		
2.	During the PAST 12 months did you smoke any cannabis (marijuana, hash) or vape ?		
3.	During the PAST 12 months did you use anything else to get high?		
4.	Have you ever ridden in a car driven by someone 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?		
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 in to trouble while you were using alcohol or drugs?		