

CRAFFT Screening for Adolescents

(12-17 year olds)

ALL INFORMATION IS CONFIDENTIAL AND CANNOT BE SHARED WITH PARENTS/GUARDIANS

	NO	YES
<i>During the past 12 months, did you drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)</i>		
<i>During the past 12 months, did you smoke any marijuana or hashish?</i>		
<i>During the past 12 months, did you use anything else to get high? (Including illegal or recreational drugs, over the counter and prescription drugs, and things that you sniff or "huff")</i>		
If you answered "NO" to all of the above questions, STOP. If you answered "YES" to ANY of the above questions, complete the rest of the form.		
Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?		
Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in?		
Do you ever use alcohol or drugs while you are by yourself, or ALONE ?		
Do you ever FORGET things you did while using alcohol or drugs?		
Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?		
Have you ever gotten into TROUBLE while you were using alcohol or drugs?		

