

# The CRAFFT+N Questionnaire

To be completed by patient

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 <b>alcohol</b> ? Put "0" if none.   | <input type="text"/><br># of days |
| 2. Use any <b>marijuana</b> (weed, oil, or hash by smoking, vaping, or in food) or " <b>synthetic marijuana</b> " (like "K2," "Spice")? Put "0" if none.                     | <input type="text"/><br># of days |
| 3. Use <b>anything else to get high</b> (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Put "0" if none. | <input type="text"/><br># of days |
| 4. Use <b>any tobacco or nicotine</b> products (for example, cigarettes, e-cigarettes, hookahs or smokeless tobacco)?  | <input type="text"/><br># of days |

## READ THESE INSTRUCTIONS BEFORE CONTINUING:

- If you put "0" in ALL of the boxes above, ANSWER QUESTION 5, THEN STOP.
- If you put "1" or higher in ANY of the boxes above, ANSWER QUESTIONS 5-10.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| 5. Have you ever ridden in a <b>CAR</b> driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you ever use alcohol or drugs to <b>RELAX</b> , feel better about yourself, or fit in?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you ever use alcohol or drugs while you are by yourself, or <b>ALONE</b> ?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you ever <b>FORGET</b> things you did while using alcohol or drugs?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do your <b>FAMILY</b> or <b>FRIENDS</b> ever tell you that you should cut down on your drinking or drug use?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever gotten into <b>TROUBLE</b> while you were using alcohol or drugs?   | <input type="checkbox"/> | <input type="checkbox"/> |

### 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.

© John R. Knight, MD, Boston Children's Hospital, 2018.

Reproduced with permission from the Center for Adolescent Substance Abuse Research (CeASAR), Boston Children's Hospital.

For more information and versions in other languages, see [www.ceasar.org](http://www.ceasar.org)