

# The CRAFFT Questionnaire (version 2.1)

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 **alcohol**? Put "0" if none.

  
# of days

2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Put "0" if none.

  
# of days

3. Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? 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.

**Circle one**

4. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

**No Yes**

5. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

**No Yes**

6. Do you ever use alcohol or drugs while you are by yourself, or ALONE?

**No Yes**

7. Do you ever FORGET things you did while using alcohol or drugs?

**No Yes**

8. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

**No Yes**

9. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

**No Yes**

### NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

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