



CRAFFT SCREENING TOOL FOR ADOLESENTS

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| PATIENTS NAMES | |
| UNIQUE NUMBER | |
| DATE | |

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| CRAFFT screening for alcohol and drug use disorders for adolescents | | |
| Ask the patient the six questions below. Each question requires a yes/no response. Answering Yes to two or more questions indicates an alcohol or drug use problem and requires further assessment and management | | |
| “I’m going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential | | |
| Question | No | Yes |
| 1. Have you ever ridden in a car driven by someone (including yourself) who was “high” or had been using alcohol or drugs? | | |
| 2. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in? | | |
| 3. Do you ever use alcohol or drugs while you are by yourself, or alone? | | |
| 4. Do you ever forget things you did while using alcohol or drugs? | | |
| 5. Do your families or friends ever tell you that you should cut down on your drinking or drug use? | | |
| 6. Have you ever gotten into trouble while you were using alcohol or drugs? | | |

Signature_____