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:

 Drink more than a few sips of beer, wine, or any drink containing alcohol? Put "0" if none. 	# of days
 Use any marijuana (weed, oil, or hash, by smoking, vaping, or in food) or "synthetic marijuana" (like "K2," "Spice") or "vaping" THC oil? Put "0" if none. 	# of days
3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? 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.

		NO	165
4	Have you ever ridden in a CAR driven by someone (including yourself) 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, or ALONE ?		
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 into TROUBLE while you were using alcohol or drugs?		

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.