The CRAFFT Screening Tool (version 2.1)

To be verbally administered by the clinician

PART A

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers 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? Say "0" if none.:

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

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)? Say "0" if none.:

Did the patient answer "0" for all questions in Part A?

◯ Yes ◯ No

If Yes, ask 1st question only in Part B, then STOP. If No, ask all 6 questions in Part B

PART B

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

◯ Yes ◯ No

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

◯ Yes ◯ No

A - Do you ever use alcohol or drugs while you are by yourself, or ALONE?

◯ Yes ◯ No

F - Do you ever FORGET things you did while using alcohol or drugs?

◯ Yes ◯ No

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

◯ Yes ◯ No

T - Have you ever gotten into TROUBLE while you were using alcohol or drugs?

◯ Yes ◯ No

*Two or more YES answers in Part B suggests a serious problem that needs further assessment.

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