

The CRAFFT-II Questionnaire

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?	<input type="text"/>	PUT 0 IF NO USE		
2	Use any marijuana (for example, pot, weed, or hash) or "synthetic marijuana" (for example "K2" or "Spice")?	<input type="text"/>	PUT 0 IF NO USE		
3	Take a prescription medication or pill that was NOT prescribed to you or MORE than was prescribed to you (for example, prescription pain pills or ADHD medications)?	<input type="text"/>	PUT 0 IF NO USE		
4	Use anything else to get high (for example, other illegal drugs, over-the-counter medications, and things that you sniff or "huff")?	<input type="text"/>	PUT 0 IF NO USE		
5	Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<input type="text"/>	<input type="text"/>	YES	NO



If no days of use, then STOP here.



If any days of use, ASK ALL CRAFFT ?s BELOW.

6	Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	<input type="text"/>	<input type="text"/>	YES	NO
7	Do you ever use alcohol or drugs while you are by yourself, or ALONE?	<input type="text"/>	<input type="text"/>	YES	NO
8	Do you ever FORGET things you did while using alcohol or drugs?	<input type="text"/>	<input type="text"/>	YES	NO
9	Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	<input type="text"/>	<input type="text"/>	YES	NO
10	Have you ever gotten into TROUBLE while you were using alcohol or drugs?	<input type="text"/>	<input type="text"/>	YES	NO

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

The information on this page may be 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.

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