

# 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** (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                       | Yes                      |
|---|--------------------------|--------------------------|
| 4. Have you ever ridden in a <b>CAR</b> driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you ever use alcohol or drugs to <b>RELAX</b> , feel better about yourself, or fit in?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you ever use alcohol or drugs while you are by yourself, or <b>ALONE</b> ?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you ever <b>FORGET</b> things you did while using alcohol or drugs?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do your <b>FAMILY</b> or <b>FRIENDS</b> ever tell you that you should cut down on your drinking or drug use?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever gotten into <b>TROUBLE</b> while you were using alcohol or drugs?  | <input type="checkbox"/> | <input type="checkbox"/> |

### NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

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# The CRAFFT Interview (version 2.1)

To be orally administered by the clinician

**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."**

## Part A

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.

# of days

2. 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)? Say "0" if none.

# of days

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

Yes



**Ask CAR question only, then stop**

No



**Ask all six CRAFFT\* questions below**

## Part B

**No Yes**

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

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

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

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

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

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

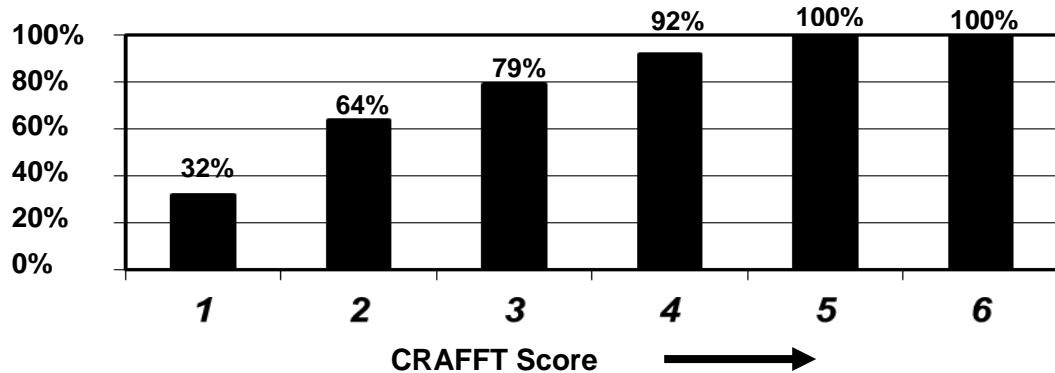
**\*Two or more YES answers suggest a serious problem and need for further assessment. See back for further instructions →**

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**1. Show your patient his/her score on this graph and discuss level of risk for a substance use disorder.**

**Percent with a DSM-5 Substance Use Disorder by CRAFFT score\***



\*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse*, 35(4), 376–80.

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**2. Use these talking points for brief counseling.**



1. **REVIEW** screening results  
For each “yes” response: *“Can you tell me more about that?”*



2. **RECOMMEND** not to use  
*“As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations.”*



3. **RIDING/DRIVING** risk counseling  
*“Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home.”*



4. **RESPONSE** elicit self-motivational statements  
Non-users: *“If someone asked you why you don’t drink or use drugs, what would you say?”* Users: *“What would be some of the benefits of not using?”*



5. **REINFORCE** self-efficacy  
*“I believe you have what it takes to keep alcohol and drugs from getting in the way of achieving your goals.”*

**3. Give patient Contract for Life.** Available at [www.crafft.org/contract](http://www.crafft.org/contract)

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