

CRAFFT

DEMOGRAPHIC INFORMATION:

NAME: _____

Date of Screening _____ DOB ___/___/___ Gender: Male Female

Race:

You may check more than one if you are bi-racial:

Black/African American ___ Asian ___ Native Hawaiian or other pacific Islander _____

Alaska Native _____ White/Caucasian _____ American Indian _____ Hispanic or Latino: _____

Please check either “yes” or “no” to each of the following questions:

1. Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs? Yes No
2. Do you ever use alcohol or drugs to relax, feel better about yourself or fit in? Yes No
3. Do you ever use alcohol or drugs while you are by yourself-- alone? Yes No
4. Do you ever forget things you did while using alcohol or drugs? Yes No
5. Does your family or friends ever tell you that you should cut down on your drinking or drug use? Yes No
6. Have you ever gotten into trouble while you were using alcohol or drugs? Yes No

SCORE: _____