

CRAFFT – Adolescent Alcohol/Substance Abuse Screening

Today's Date: _____ Name: _____ Date of Birth: _____

	YES	NO
For children 13 years and older:		
1. Have you ever ridden in a Car driven by someone (including yourself) who was high or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever used alcohol or drugs to Relax, feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever use alcohol or drugs while you are by yourself Alone?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever Forget things you did while using alcohol or other drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your Family or Friends ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever gotten into Trouble while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>