

## The CRAFFT Screening Interview

**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, did you:	No	Yes
1. Drink any <u>alcohol</u> (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Smoke any <u>marijuana</u> or <u>hashish</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
3. Use <u>anything else</u> to <u>get high</u> ? (“anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”)	<input type="checkbox"/>	<input type="checkbox"/>

**For clinic use only: Did the patient answer “yes” to any questions in Part A?**

No



Yes



Ask CAR question only, then stop

Ask all 6 CRAFFT questions

### Part B

	No	Yes
1. 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"/>
2. Do you ever use alcohol or drugs to <b>RELAX</b> , 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, or <b>ALONE</b> ?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever <b>FORGET</b> things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. 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"/>
6. Have you ever gotten into <b>TROUBLE</b> while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

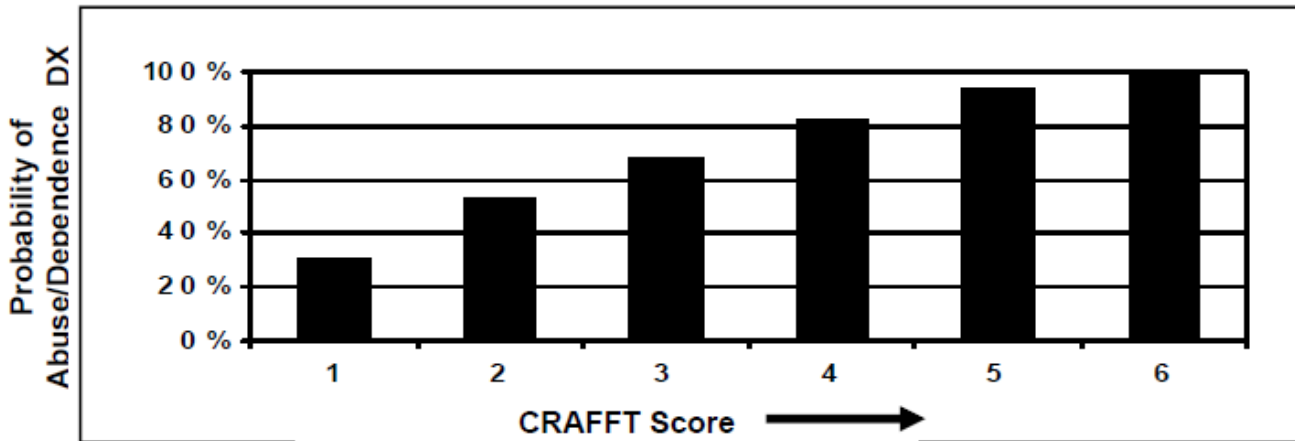
**CONFIDENTIALITY NOTICE:**

The information recorded 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 for this purpose.

## SCORING INSTRUCTIONS: FOR CLINIC STAFF USE ONLY

CRAFFT Scoring: Each “yes” response in **Part B** scores 1 point.  
A total score of 2 or higher is a positive screen, indicating a need for additional assessment.

### Probability of Substance Abuse/Dependence Diagnosis Based on CRAFFT Score <sup>1,2</sup>



### DSM-IV Diagnostic Criteria<sup>3</sup> (Abbreviated)

#### Substance Abuse (1 or more of the following):

- Use causes failure to fulfill obligations at work, school, or home
- Recurrent use in hazardous situations (e.g. driving)
- Recurrent legal problems
- Continued use despite recurrent problems

#### Substance Dependence (3 or more of the following):

- Tolerance
- Withdrawal
- Substance taken in larger amount or over longer period of time than planned
- Unsuccessful efforts to cut down or quit
- Great deal of time spent to obtain substance or recover from effect
- Important activities given up because of substance
- Continued use despite harmful consequences

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### References:

1. Knight JR, Shrier LA, Bravender TD, Farrell M, Vander Bilt J, Shaffer HJ. A new brief screen for adolescent substance abuse. Arch Pediatr Adolesc Med 1999;153(6):591-6.
2. Knight JR, Sherritt L, Shrier LA, Harris SK, Chang G. Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. Arch Pediatr Adolesc Med 2002;156(6):607-14.
3. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision. Washington DC, American Psychiatric Association, 2000.