

# The CRAFFT Interview (version 2.0)

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.
2. Use any marijuana (pot, weed, hash, or in foods) or "synthetic marijuana" (like "K2" or "Spice")? Say "0" if none.
3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff or "huff")? Say "0" if none.

# of days

# of days

# of days

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

Yes

No



Ask CAR question only, then stop

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 drugs | <input type="checkbox"/> | <input type="checkbox"/> |
| R Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| A Do you ever use alcohol or drugs while you are by yourself, or ALONE?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| F Do you ever FORGET things you did while using alcohol or drugs?   | <input type="checkbox"/> | <input type="checkbox"/> |
| E 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"/> |
| T Have you ever gotten into TROUBLE while you were using alcohol or drugs?                                    | <input type="checkbox"/> | <input type="checkbox"/> |

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

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

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