

# The CRAFFT Questionnaire (v 2.1)

Please answer all questions honestly.

jmarcotte@abschools.org [Switch account](#)



Your email will be recorded when you submit this form

\* Required

What is your current age? \*

Your answer

During the PAST 12 MONTHS, on how many days did you:

All answers should include only a number (of days).

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Put 0 if none \*

Your answer

2. Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (like "K2," "Spice")? Put 0 if none. \*

Your answer

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. \*

Your answer \_\_\_\_\_

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

☐ NO

☐ YES

If you put 0 in ALL of the boxes on the previous screen, please answer ONLY QUESTION 10. If you put 1 or higher in ANY of the boxes on the previous screen, ANSWER QUESTIONS 5-10.

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

☐ NO

☐ YES

6. Do you ever use alcohol or drugs while you are by yourself, or ALONE?

☐ NO

☐ YES

7. Do you ever FORGET things you did while using alcohol or drugs?

☐ NO

☐ YES

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

☐ NO

☐ YES

9. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

☐ NO

☐ YES

10. Would you like to speak to a counselor about anything that we have talked about today? \*

☐ No

☐ Yes