

The CRAFFT-II Questionnaire

Please answer all questions honestly; your answers will be kept confidential.

DURING THE PAST 12 MONTHS, ON HOW MANY DAYS DID YOU...

<p>1 Drink more than a few sips of beer, wine, or any drink containing alcohol?</p>	<input type="text"/> <small>PUT 0 IF NO USE</small>				
<p>2 Use any marijuana (for example, weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (for example "K2" or "Spice")?</p>	<input type="text"/> <small>PUT 0 IF NO USE</small>				
<p>3 Use a prescription medication or pill that was NOT prescribed to you or MORE than was prescribed to you (for example, prescription pain pills or ADHD medications)?</p>	<input type="text"/> <small>PUT 0 IF NO USE</small>				
<p>4 Use anything else to get high (for example, other illegal drugs, over-the-counter medications, and things that you sniff, huff, or vape)?</p>	<input type="text"/> <small>PUT 0 IF NO USE</small>				
<p>5 Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?</p>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><small>YES</small></td> <td><small>NO</small></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<small>YES</small>	<small>NO</small>
<input type="text"/>	<input type="text"/>				
<small>YES</small>	<small>NO</small>				



If no days of use, then STOP here.



If any days of use, ASK ALL CRAFFT ?s BELOW.

<p>6 Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?</p>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><small>YES</small></td> <td><small>NO</small></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<small>YES</small>	<small>NO</small>
<input type="text"/>	<input type="text"/>				
<small>YES</small>	<small>NO</small>				
<p>7 Do you ever use alcohol or drugs while you are by yourself, or ALONE?</p>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><small>YES</small></td> <td><small>NO</small></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<small>YES</small>	<small>NO</small>
<input type="text"/>	<input type="text"/>				
<small>YES</small>	<small>NO</small>				
<p>8 Do you ever FORGET things you did while using alcohol or drugs?</p>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><small>YES</small></td> <td><small>NO</small></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<small>YES</small>	<small>NO</small>
<input type="text"/>	<input type="text"/>				
<small>YES</small>	<small>NO</small>				
<p>9 Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?</p>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><small>YES</small></td> <td><small>NO</small></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<small>YES</small>	<small>NO</small>
<input type="text"/>	<input type="text"/>				
<small>YES</small>	<small>NO</small>				
<p>10 Have you ever gotten into TROUBLE while you were using alcohol or drugs?</p>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><small>YES</small></td> <td><small>NO</small></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<small>YES</small>	<small>NO</small>
<input type="text"/>	<input type="text"/>				
<small>YES</small>	<small>NO</small>				

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 The information 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.