

# 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)?<br>(Do not count sips of alcohol taken during family or religious events.)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Smoke any <u>marijuana or hashish</u> ?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Use <u>anything else</u> to <u>get high</u> ?<br>("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 <u>CAR</u> 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 <u>RELAX</u> , 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 <u>ALONE</u> ?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you ever <u>FORGET</u> things you did while using alcohol or drugs?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do your <u>FAMILY</u> or <u>FRIENDS</u> 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 <u>TROUBLE</u> 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.

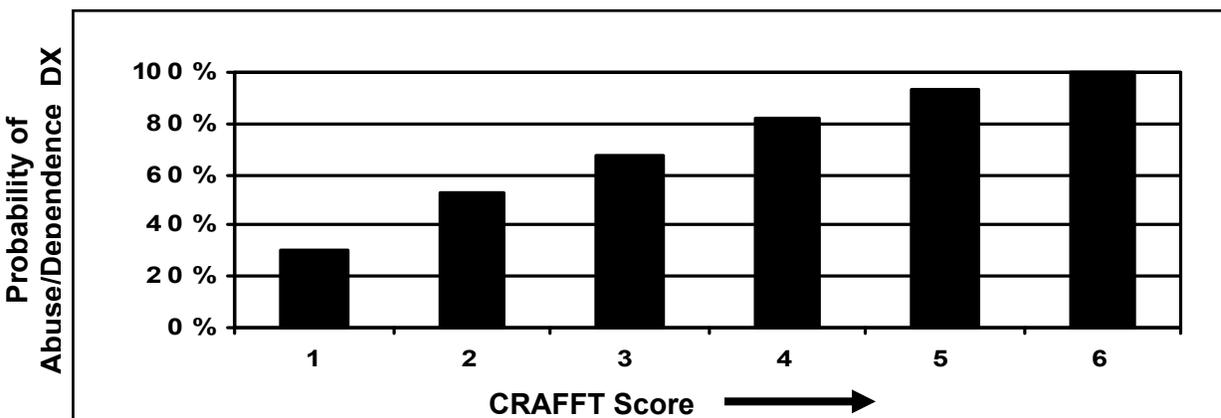
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## SCORING INSTRUCTIONS: FOR CLINIC STAFF USE ONLY

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.