

**Name:**  
**Today's Date:**  
**Date of Birth:**

## CRAFFT SCREENING QUESTIONNAIRE

1. Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?  YES  NO
  
2. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?  YES  NO
  
3. Do you ever use alcohol or drugs while you are by yourself, alone?  YES  NO
  
4. Do you ever forget things you did while using alcohol or drugs?  YES  NO
  
5. Do your family or friends ever tell you that you should cut down on your drinking or drug use?  YES  NO
  
6. Have you ever gotten into trouble while you were using alcohol or drugs?  YES  NO