

The CRAFFT+N Questionnaire

To be completed by patient

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

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 ? Put "0" if none. | <input type="text"/> |
| | # of days |
| 2. Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or " synthetic marijuana " (like "K2," "Spice")? Put "0" if none. | <input type="text"/> |
| | # of days |
| 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. | <input type="text"/> |
| | # of days |
| 4. Use any tobacco or nicotine products (for example, cigarettes, e-cigarettes, hookahs or smokeless tobacco)? Put "0" if none. | <input type="text"/> |
| | # of days |

READ THESE INSTRUCTIONS BEFORE CONTINUING:

- If you put "0" in ALL of the boxes above, ANSWER QUESTION 5, THEN STOP.
- If you put "1" or higher in ANY of the boxes above, ANSWER QUESTIONS 5-10.

- | | No | Yes |
|---|--------------------------|--------------------------|
| 5. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you ever use alcohol or drugs while you are by yourself, or ALONE ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you ever FORGET things you did while using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. 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"/> |
| 10. Have you ever gotten into TROUBLE while you were using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

The information on this page is 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.

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