

CRAFFT

Name _____

Date _____

Instructions: Place an X on the line to indicate your response.

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