

The CRAFFT-II Questionnaire - SBIRT in Schools

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?	<input type="text"/> PUT 0 IF NO USE				
2	Use any marijuana (for example, weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (for example "K2" or "Spice")?	<input type="text"/> PUT 0 IF NO USE				
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)?	<input type="text"/> PUT 0 IF NO USE				
4	Use anything else to get high (for example, other illegal drugs, over-the-counter medications, and things that you sniff, huff, or vape)?	<input type="text"/> PUT 0 IF NO USE				
C	Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>YES</td> <td>NO</td> </tr> </table>	<input type="text"/>	<input type="text"/>	YES	NO
<input type="text"/>	<input type="text"/>					
YES	NO					



If no days of use, then STOP here.



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

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