


# The CRAFFT-II 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, ON HOW MANY DAYS DID YOU...

<p>1 Drink more than a few sips of beer, wine, or any drink containing alcohol?</p>	<input type="checkbox"/> <small>PUT 0 IF NO USE</small>
<p>2 Use any marijuana (for example, pot, weed, or hash) or "synthetic marijuana" (for example "K2" or "Spice")?</p>	<input type="checkbox"/> <small>PUT 0 IF NO USE</small>
<p>3 Take 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)?</p>	<input type="checkbox"/> <small>PUT 0 IF NO USE</small>
<p>4 Use anything else to get high? (for example, other illegal drugs, over-the-counter medications, and things that you sniff or "huff")?</p>	<input type="checkbox"/> <small>PUT 0 IF NO USE</small>

<p>If no days of use, ask the CAR question only, then STOP.</p>	 <p>If any days of use, ASK ALL CRAFFT ?s BELOW.</p>
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## PART B: CRAFFT QUESTIONS

<p>1 Have you ever ridden in a <b>CAR</b> driven by someone (including yourself) who was "high" or had been using alcohol or drugs?</p>	<table border="1"> <tr><td>YES</td><td>NO</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
<p>2 Do you ever use alcohol or drugs to <b>RELAX</b>, feel better about yourself, or fit in?</p>	<table border="1"> <tr><td>YES</td><td>NO</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
<p>3 Do you ever use alcohol or drugs while you are by yourself, or <b>ALONE</b>?</p>	<table border="1"> <tr><td>YES</td><td>NO</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
<p>4 Do you ever <b>FORGET</b> things you did while using alcohol or drugs?</p>	<table border="1"> <tr><td>YES</td><td>NO</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
<p>5 Do your <b>FAMILY</b> or <b>FRIENDS</b> ever tell you that you should cut down on your drinking or drug use?</p>	<table border="1"> <tr><td>YES</td><td>NO</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				
<p>6 Have you ever gotten into <b>TROUBLE</b> while you were using alcohol or drugs?</p>	<table border="1"> <tr><td>YES</td><td>NO</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>				

\*Two or more YES answers suggest a serious problem and need for further assessment. See back for further instructions