

Patient Name (Please Print): _____ DOB: _____ Date of Visit: _____

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.

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.

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.

of days

4. Use **any tobacco or nicotine** products (for example, cigarettes, e-cigarettes, hookahs or smokeless tobacco)?

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?

6. Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

7. Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?

8. Do you ever **FORGET** things you did while using alcohol or drugs?

9. Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

10. Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

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For Office Use Only: Total Score: _____

PCP Initials: _____