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CRAFFT Substance Use Assessment

CRAFFT 2.1+N · SELF-REPORT

RESPONDENT NAME	DATE	CLINICIAN

1	Drink more than a few sips of beer, wine, or any drink containing alcohol? Put "0" if none.	_____	days
2	Use any marijuana (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "synthetic marijuana" (like "K2," "Spice")? Put "0" if none.	_____	days
3	Use anything else to get high (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Put "0" if none.	_____	days
4	Use a vaping device* containing nicotine and/or flavors, or use any tobacco products†? Put "0" if none.	_____	days

**Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.*

5	Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	0 NO	1 YES
6	Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	0 NO	1 YES
7	Do you ever use alcohol or drugs while you are by yourself, or ALONE?	0 NO	1 YES
8	Do you ever FORGET things you did while using alcohol or drugs?	0 NO	1 YES
9	Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	0 NO	1 YES
10	Have you ever gotten into TROUBLE while you were using alcohol or drugs?	0 NO	1 YES
11	Have you ever tried to quit using, but couldn't?	0 NO	1 YES
12	Do you vape or use tobacco now because it is really hard to quit?	0 NO	1 YES
13	Have you ever felt like you were addicted to vaping or tobacco?	0 NO	1 YES
14	Do you ever have strong cravings to vape or use tobacco?	0 NO	1 YES
15	Have you ever felt like you really needed to vape or use tobacco?	0 NO	1 YES
16	Is it hard to keep from vaping or using tobacco in places where you are not supposed to, like school?	0 NO	1 YES
17	When you haven't vaped or used tobacco in a while (or when you tried to stop using), did you find it hard to concentrate because you couldn't vape or use tobacco?	0 NO	1 YES
18	When you haven't vaped or used tobacco in a while (or when you tried to stop using), did you feel more irritable because you couldn't vape or use tobacco?	0 NO	1 YES
19	When you haven't vaped or used tobacco in a while (or when you tried to stop using), did you feel a strong need or urge to vape or use tobacco?	0 NO	1 YES
20	When you haven't vaped or used tobacco in a while (or when you tried to stop using), did you feel nervous, restless, or anxious because you couldn't vape or use tobacco?	0 NO	1 YES

Developer Reference:

Knight, J. R., Sherritt, L., Shrier, L. A., Harris, S. K., & Chang, G. (2002). Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. Archives of Pediatrics & Adolescent Medicine, 156(6), 607–614. https://doi.org/10.1001/archpedi.156.6.607

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Score Online

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