

Client Name/ID:

Care Coordinator/Parent Liaison Name:

Date of Pre-Screening:

Client Referred to Substance Abuse Intervention Services: Circle Yes or No

If referred, agency/provider name:

Provider Referral Date:

**PLEASE ALSO DOCUMENT APPROPRIATELY IN TCM**

## **CRAFFT**

Please Circle each number that youth answers “Yes” to:

1. Have you ever ridden in a **C**ar driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
2. Do you ever use alcohol or drugs to **R**elax, feel better about yourself, or fit in?
3. Do you ever use alcohol or drugs while you are by yourself **A**lone?
4. Do you ever **F**orget things you did while using alcohol or drugs?
5. Do your family or **F**riends ever tell you that you should cut down on your drinking or drug use?
6. Have you ever gotten into **T**rouble while you were using alcohol or drugs?

**Scoring: 1 or more positive item indicates the need for further Assessment (and referral to Substance Abuse Intervention Services).**

The CRAFFT is intended specifically for adolescents. It draws upon adult screening instruments, covers alcohol and other drugs, and calls upon situations that are suited to adolescents From: Knight JR; Sherritt L; Shrier LA//Harris SK//Chang G. Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. Archives of Pediatrics & Adolescent 156(6) 607-614, 2002.

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