

## Alcohol and Drug Use Questionnaire for Adolescents (CRAFT Survey)

Please answer the following questions honestly. We will keep your answers confidential.

During the **past 12 months**, did you:

	No	Yes
1. Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)		
2. Smoke any marijuana or hashish?		
3. Use anything else to get high? (this includes illegal drugs, over the counter and prescription drugs, and things you sniff or 'huff')		
4. Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?		

If you answered **Yes** to any of the questions above, please complete the following questions.

	No	Yes
1. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?		
2. Do you ever use alcohol or drugs while you are by yourself, or alone?		
3. Do you ever forget things you did while using alcohol or drugs?		
4. Do your family or friends ever tell you that you should cut down on your drinking or drug use?		
5. Have you gotten into trouble while you were using alcohol or drugs?		

Talk to your health care provider about these questions and your answers. He or she can help you quit using alcohol, drugs, or both and talk with you about any concerns or questions you have.