

The CRAFFT Screening Tool (version 2.1)

Patient Name: _____ Date of Birth: _____ dd / mm / yyyy
Date: _____ dd / mm / yyyy Clinician: _____

CRAFFT QUESTIONS

C - Have you ever ridden in a CAR driven by someone (including yourself) who was high or had been using alcohol or drugs?

Yes No

R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

Yes No

A - Do you ever use alcohol or drugs while you are by yourself, or ALONE?

Yes No

F - Do you ever FORGET things you did while using alcohol or drugs?

Yes No

F - Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

Yes No

T - Have you ever gotten into TROUBLE while you were using alcohol or drugs?

Yes No

SCORING

Total Score (number of 'Yes' answers): _____

Interpretation: 0-1 = Low risk; 2 or higher = Clinical concern requiring further assessment

CLINICAL DECISION AND REFERRAL

Clinical interpretation and recommended next steps

Referral information (if applicable)

Clinician Signature

Date: _____ dd / mm / yyyy