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Patient Health Questionnaire (CRAFFT)
Children 12+

Name: _____

Date of Visit: _____

During the past 12 months, did you:	NO	YES
PART A		
1. Drink any alcohol (more than a few sips)?		
2. Smoke any marijuana or hashish?		
3. Use anything else to get high? “anything else” includes illegal drugs, over the counter and prescription drugs, and things that you “sniff” or “huff”		
If you answered NO to ALL questions of PART A, only answer question 1 in PART B below then STOP. If you answered YES to <u>ANY</u> of the questions in PART A, answer all the questions in PART B below.	NO	YES
PART B		
1. Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?		
2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?		
3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?		
4. Do you ever FORGET things you did while using alcohol or drugs?		
5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?		
6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?		