

Youth Screening Tool

Part one should be administered to youth and part two administered to parent(s).

Part One: (Youth)

CRAFFT

	Yes	No
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 F amily 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: 2 or more positive items indicate the need for further assessment.

Part Two: (Parents)

Investigate with Parents

<input type="checkbox"/> 1. Drop in grades	<input type="checkbox"/> 26. Change in goals/values
<input type="checkbox"/> 2. School truancy	<input type="checkbox"/> 27. Loss of memory
<input type="checkbox"/> 3. Suspensions	<input type="checkbox"/> 28. Increasingly secretive/defensive
<input type="checkbox"/> 4. Violence	<input type="checkbox"/> 29. Avoids contact w/authority figures
<input type="checkbox"/> 5. Change friends	<input type="checkbox"/> 30. Change in dress, appearance
<input type="checkbox"/> 6. Possess drugs/paraphernalia	<input type="checkbox"/> 31. Drop extra activities
<input type="checkbox"/> 7. Stealing in/ out of home	<input type="checkbox"/> 32. Dilated/constricted pupils
<input type="checkbox"/> 8. Increased conflict w/siblings	<input type="checkbox"/> 33. Odor of alcohol/marijuana
<input type="checkbox"/> 9. Contact w/police, law	<input type="checkbox"/> 34. Older friends
<input type="checkbox"/> 10. Increase/ decrease in money	<input type="checkbox"/> 35. Friends unknown to you
<input type="checkbox"/> 11. Unusual physical complaints/symptoms	<input type="checkbox"/> 36. Sudden popularity
<input type="checkbox"/> 12. Possessing a weapon	<input type="checkbox"/> 37. Increased family conflict
<input type="checkbox"/> 13. Mood swings	<input type="checkbox"/> 38. Isolated from family
<input type="checkbox"/> 14. Lying about use	<input type="checkbox"/> 39. Driving problems
<input type="checkbox"/> 15. Suicidal thoughts	<input type="checkbox"/> 40. Hurried phone calls/visits
<input type="checkbox"/> 16. Home truancy	<input type="checkbox"/> 41. History of behavior problems
<input type="checkbox"/> 17. Physical / sexual abuse	<input type="checkbox"/> 42. Low academic achievement
<input type="checkbox"/> 18. Loss of job	<input type="checkbox"/> 43. History of negative attitude
<input type="checkbox"/> 19. Car accident	<input type="checkbox"/> 44. Extreme risk taking
<input type="checkbox"/> 20. Loss of motivation	<input type="checkbox"/> 45. Rejection of religiosity/spirituality
<input type="checkbox"/> 21. Change in sleep pattern	<input type="checkbox"/> 46. Distant from parent(s)
<input type="checkbox"/> 22. Change in eating pattern	<input type="checkbox"/> 47. Previous counseling
<input type="checkbox"/> 23. Unusual behavior	<input type="checkbox"/> 48. History of chemical dependence
<input type="checkbox"/> 24. Overdose	<input type="checkbox"/> 49. Parent(s) use
<input type="checkbox"/> 25. Increase in accidents	<input type="checkbox"/> 50. Stressful life events

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