

Fund Code
 SA OR

Alabama Department of Mental
Health and Mental Retardation
Substance Abuse Division
CRAFFT SCREENING
(AGE LESS THAN 18)

Submitting Worker: _____

Date of Screening: ___/___/___

Date of Entry: ___/___/___

ASAIS ID: _____ Provider ID: _____

Last Name: _____ First Name: _____ MI: _____

Alias 1: _____ Alias 2: _____

Date of Birth: _____ / _____ / _____ Sex: Male Female

SSN #: _____ Medicaid #: _____

Address: _____ (street)

City: _____ State: _____ Zip: _____

County of residence: _____

Home Phone: _____ Work Phone: _____

Marital Status: Married Separated Widowed Divorced Never Married

Head of household? Yes No Education (years completed): _____

Race: (Check one box)

- Alaska Native (Aleut, Eskimo, Indian) American Indian (other than Alaska Native)
 Asian Native Hawaiian or Other Pacific Islander Black or African American
 White Other Single Race Two or More Races Unknown

Ethnicity: (Check one box)

- Not of Hispanic Origin Puerto Rican Mexican Cuban Other Specific Hispanic
 Hispanic – Specific Origin not Specified Unknown

CRAFFT – Age Less Than 18

Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs:

YES NO

Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in:

YES NO

Do you ever use alcohol or drugs while you are by yourself or alone:

YES NO

Do you ever forget things you did while using alcohol or drugs:

YES NO

Do your family or friends ever tell you that you should cut down on your drinking or drug use:

YES NO

Have you ever gotten into trouble while you were using alcohol or drugs:

YES NO

CRAFFT Score: _____

(Two or more positive responses is highly predictive of an alcohol or drug-related disorder.)