

# **CONFIDENTIAL**

**This survey and the results will be between you and your doctor or nurse practitioner.**

## WPA Modified CRAFFT Form

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| 1. Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs? | No | Yes |
| 2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?                                       | No | Yes |
| 3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?   | No | Yes |
| 4. Do you ever FORGET things you did while using alcohol or drugs?   | No | Yes |
| 5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?                          | No | Yes |
| 6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?  | No | Yes |
| 7. I often feel sad or depressed.  | No | Yes |
| 8. I am unhappy about my weight.   | No | Yes |
| 9. I have used tobacco (smoked or chew.)   | No | Yes |
| 10. I have questions about being gay/lesbian/transgender   | No | Yes |
| 11. I have questions concerning sex, birth control, or condoms.  | No | Yes |
| 12. I am worried about my health.  | No | Yes |
| 13. My friends or I have tried drugs or alcohol.   | No | Yes |