### The CRAFFT Screening Questionnaire

**Title**
The CRAFFT screening questionnaire is used for identifying adolescents who are at high risk (using DSM-IV criteria) for substance abuse and alcohol abuse. CRAFFT can be administered via self-report or by the clinician in an interview format.

**# of domains**
2 (Alcohol and substance use; Risk behavior)

**# of items**
9

**Time to completion**
Less than 1 minute to administer and score.

**Age**
12-18

**Study Population**
For use in clinical settings for screening purposes.

**Validity**
CRAFFT has been shown to have adequate sensitivity to the DSM-IV criteria for alcohol and drug problems. Knight et al (2002) compared AUDIT substance use/abuse scale to CRAFFT. Results indicated that the CRAFFT has high sensitivity but low specificity.

**Reliability**
Levy et al. (2004) concluded that the CRAFFT was reliable as a measure of screening adolescents for substance abuse. The internal consistency (alpha= 0.68) and test-retest reliability (0.93 and 0.91) were both acceptable.

**Examples**
In the past 12 months did you: Drink any alcohol (more than a few sips)?

**Response scales**
Yes/No

**Fees/licensing**
No fee.

**Alternate versions**
English, Chinese, Haitian Creole, French, Japanese, Khmer, Laotian, Portuguese, Spanish, Vietnamese

**References**

### Personal Experience Screening Questionnaire (PESQ)

**Description**
“Developed by the Minnesota Chemical Dependency Adolescent Assessment Project, the PESQ is a brief screener intended to be used to make recommendations for detailed evaluations of alcohol and substance use.

**# of domains**
3 (Problem Severity, Psychosocial Items, and Drug Use History)

**# of items**
40

**Time to completion**
10 minutes or less

**Age**
12-18

**Study Population**
Adolescents; Recommended for use “in schools, juvenile detention centers, medical clinics, and other settings where routine screening rather than in-depth evaluation is the goal”.

**Validity**
Winters (1992) found that PESQ scores were related to assessment referral recommendations, indicating validity (the school clinic sample received 30 minute unstructured interviews evaluating history, consequences, signs of dependence, and risk factors for alcohol and substance abuse).

**Reliability**
Winters (1992) replicates a study using the PESQ on a sample of 1,885 students, 611 juvenile offenders, and a school clinic sample of 186. The PESQ was compared with the Personal Involvement with Chemicals Scale. Conclusion was that PESQ had high internal consistency reliability (alpha= 0.90-0.91).

**Examples**
How often have you been upset about other people talking about your using or drinking?

**Response scales**
Multiple choice, Likert scales; (e.g. never, once or twice, sometimes, often)

**Fees/licensing**
Yes, ($100-$200) www.wpsspublish.com

**Alternate versions**
None

**References**

**Scoring**
Automatic, provides age-dependent cutoff values for screening.

**Website**
http://www.ceasar-boston.org/CRAFFT/index.php

## Drug Abuse Screening Test (DAST)

<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Drug Abuse Screening Test (DAST)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>This is a self-report measure that detects lifetime substance abuse or dependence.</td>
</tr>
<tr>
<td><strong># of domains</strong></td>
<td>3 (drug-related problems, diminished control over drug use, and neuroadaptive symptoms)</td>
</tr>
<tr>
<td><strong># of items</strong></td>
<td>20 (or full version 28)</td>
</tr>
<tr>
<td><strong>Time to completion</strong></td>
<td>5 minutes, 1 minute to score</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>Adult</td>
</tr>
<tr>
<td><strong>Study Population</strong></td>
<td>Wide range of clinical and non-clinical settings.</td>
</tr>
<tr>
<td><strong>Validity</strong></td>
<td>The DAST had high validity for diagnosing patients with substance abuse disorders according to DSM-III criteria (Stanley et al., 1990). Cocco et al. (1998) noted that in a criterion validity analysis, sensitivity and specificity were both high for the DAST.</td>
</tr>
<tr>
<td><strong>Reliability</strong></td>
<td>Internal consistency (alpha=.92) was found for patients (N=250) from general psychiatric admissions (alpha=.94) (Stanley et al., 1990). Cocco et al (1998) found an ICC of .78 in a sample of 45 psychiatric outpatients concluding DAST has excellent reliability and again confirmed internal consistency (alpha=.92).</td>
</tr>
<tr>
<td><strong>Examples</strong></td>
<td>Have you ever experienced withdrawal symptoms as a result of heavy drug intake?</td>
</tr>
<tr>
<td><strong>Response scales</strong></td>
<td>Yes/No</td>
</tr>
<tr>
<td><strong>Alternate versions</strong></td>
<td>Full 28 item version. 20 item version. 10 item version.</td>
</tr>
<tr>
<td><strong>Scoring</strong></td>
<td>Full 28 item, scale of 0-28 (cutoff of 5 indicates a probable disorder); 20 item scale 0-20 (cutoff of 2-4).</td>
</tr>
<tr>
<td><strong>Website</strong></td>
<td><a href="http://www.camh.net">www.camh.net</a></td>
</tr>
</tbody>
</table>