

## RASAI SCREENING GUIDE

### Pre-screen (optional, but strongly recommended)

**During the PAST 12 MONTHS, did you:**

1. Drink any alcohol (more than a few sips)?  
--Do not count sips of alcohol taken during family or religious events
2. Use 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 all answered NO**



↓  
Just ask CAR question

**If YES to any**



↓  
Ask all Full CRAFFT questions

### Full Screen (CRAFFT)

- |   |           |
|---|-----------|
| C - Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | Yes or No |
| R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?                                       | Yes or No |
| A - Do you ever use alcohol/drugs while you are by yourself, ALONE?   | Yes or No |
| F - Do you ever FORGET things you did while using alcohol or drugs?   | Yes or No |
| F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?                          | Yes or No |
| T - Have you gotten into TROUBLE while you were using alcohol or drugs?   |           |

**Enter CRAFFT Score ("yes" responses get one point):**

*If 1+ provide brief intervention, If 2+ consider referral to treatment. Then, ask Alcohol & Drug scale questions.*

### Alcohol & Drug Scale

1. How often do you have a drink containing alcohol?  
(0) Never  
(1) Monthly or less                      (3) 2 to 3 times a week  
(2) 2 to 4 times a month                (4) 4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?  
(0) 1 or 2  
(1) 3 or 4            (3) 7, 8, or 9  
(2) 5 or 6            (4) 10 or more
3. How often do you have five or more drinks on one occasion?  
(0) Never  
(1) Less than monthly    (3) Weekly  
(2) Monthly                (4) Daily or almost daily

**Enter Alcohol Scale Score =**

4. How often do you use marijuana, any other drug, or prescription medication to get high?  
(0) Never  
(1) Monthly or less                      (3) 2 to 3 times a week  
(2) 2 to 4 times a month                (4) 4 or more times a week

**Enter Drug Scale Score =**

*Enter Alcohol and Drug Scale Scores. Responses can be used to elicit motivation for change and goal setting to reduce risk. These questions will be repeated at follow-up to track and monitor patient's progress and report data.*