The CRAFFT 2.1+N Interview

To be verbally administered by the clinician

Begin: "*I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential.*"

Part A

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Say "0" if none. ☐ # of days
2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Say "0" if none. ☐ # of days
3. Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say "0" if none. ☐ # of days
4. Use a **vaping device* containing nicotine and/or flavors,** or use any **tobacco products†?** Say "0" if none. ☐ # of days
   **Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.*

If the patient answered…

"0" for all questions in Part A	"1" or more for Q. 1, 2, or 3	"1" or more for Q. 4
↓	↓	↓
Ask 1st question only in Part B below, then STOP	**Ask all 6 questions in Part B below**	**Ask all 10 questions in Part C on next page**

Part B

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

Two or more YES answers in Part B suggests a serious problem that needs further assessment. See Page 3 for further instructions. →

Part C

*"The following questions ask about your use of any **vaping devices containing nicotine and/or flavors**, or use of any **tobacco products.***"*

	Circle one	
1. Have you ever tried to QUIT using, but couldn't?	**Yes**	**No**
2. Do you vape or use tobacco NOW because it is really hard to quit?	**Yes**	**No**
3. Have you ever felt like you were ADDICTED to vaping or tobacco?	**Yes**	**No**
4. Do you ever have strong CRAVINGS to vape or use tobacco?	**Yes**	**No**
5. Have you ever felt like you really NEEDED to vape or use tobacco?	**Yes**	**No**
6. Is it hard to keep from vaping or using tobacco in PLACES where you are not supposed to, like school?	**Yes**	**No**
7. When you HAVEN'T vaped or used tobacco in a while (or when you tried to stop using)…		
a. did you find it hard to CONCENTRATE because you couldn't vape or use tobacco?	**Yes**	**No**
b. did you feel more IRRITABLE because you couldn't vape or use tobacco?	**Yes**	**No**
c. did you feel a strong NEED or urge to vape or use tobacco?	**Yes**	**No**
d. did you feel NERVOUS, restless, or anxious because you couldn't vape or use tobacco?	**Yes**	**No**

One or more YES answers in Part C suggests a serious problem with nicotine that needs further assessment. See Page 3 for further instructions. ⟶

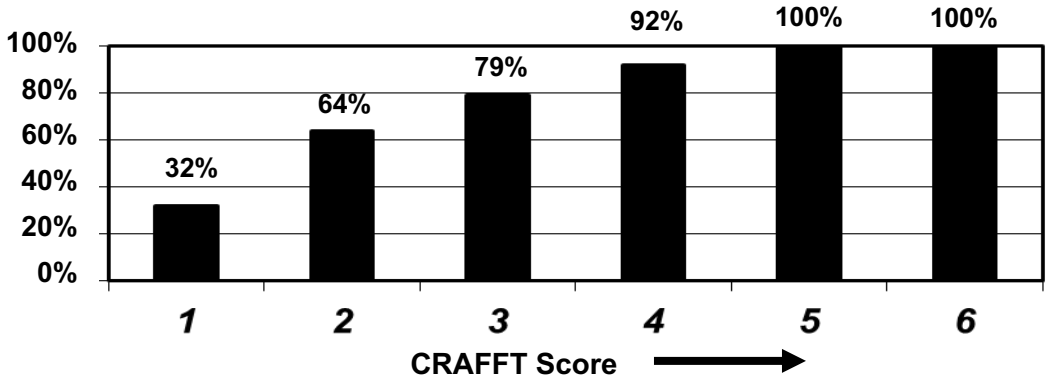
**References:*

Wheeler, K. C., Fletcher, K. E., Wellman, R. J., & DiFranza, J. R. (2004). Screening adolescents for nicotine dependence: the Hooked On Nicotine Checklist. *J Adolesc Health*, *35*(3), 225–230;

McKelvey, K., Baiocchi, M., & Halpern-Felsher, B. (2018). Adolescents' and Young Adults' Use and Perceptions of Pod-Based Electronic Cigarettes. *JAMA Network Open*, *1*(6), e183535.

CRAFFT Score Interpretation

Probability of a DSM-5 Substance Use Disorder by CRAFFT score*



*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. Substance Abuse, 35(4), 376–80.

Use the 5 R's talking points for brief counseling.

1. **REVIEW** screening results
   For each "yes" response: *"Can you tell me more about that?"*

2. **RECOMMEND** not to use
   "As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, nicotine, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations."

3. **RIDING/DRIVING** risk counseling
   "Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home."

4. **RESPONSE** elicit self-motivational statements
   Non-users: *"If someone asked you why you don't drink, vape, or use tobacco or drugs, what would you say?"* Users: *"What would be some of the benefits of not using?"*

5. **REINFORCE** self-efficacy
   "I believe you have what it takes to keep substance use from getting in the way of achieving your goals."

Give patient Contract for Life. Available at www.crafft.org/contract

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For more information and versions in other languages, see www.crafft.org.