

The CRAFFT+N Questionnaire

To be completed by patient

Please answer all questions **honestly**; your answers will be kept **confidential**.

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 ? Put "0" if none. | <input type="text"/>
of days |
| 2. Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or " synthetic marijuana " (like "K2," "Spice")? Put "0" if none. | <input type="text"/>
of days |
| 3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Put "0" if none. | <input type="text"/>
of days |
| 4. Use any tobacco or nicotine products (for example, cigarettes, e-cigarettes, hookahs or smokeless tobacco)? | <input type="text"/>
of days |

READ THESE INSTRUCTIONS BEFORE CONTINUING:

- If you put "0" in ALL of the boxes above, ANSWER QUESTION 5, THEN STOP.
- If you put "1" or higher in ANY of the boxes above, ANSWER QUESTIONS 5-10.

- | | No | Yes |
|---|--------------------------|--------------------------|
| 5. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you ever use alcohol or drugs while you are by yourself, or ALONE ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you ever FORGET things you did while using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever gotten into TROUBLE while you were using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

The information on this page is protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOT sufficient.

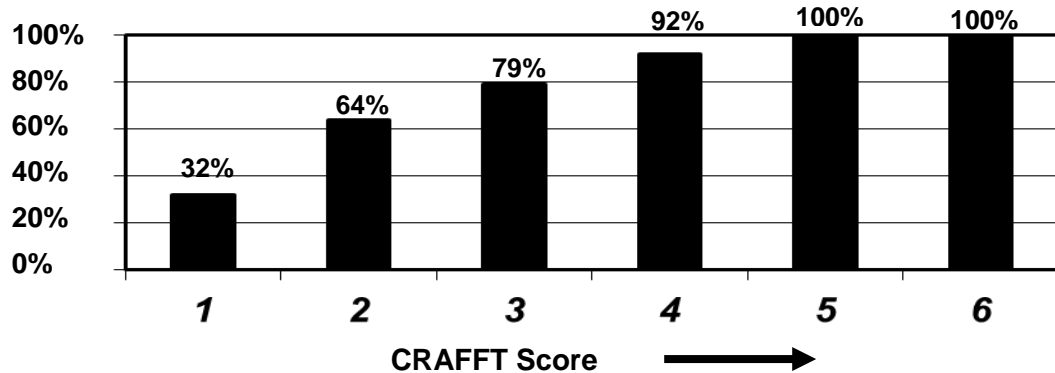
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1. Show your patient his/her score on this graph and discuss level of risk for a substance use disorder.

Percent with 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.

2. Use these 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, 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 or use 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 alcohol and drugs from getting in the way of achieving your goals.”

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

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