

Survey: CRAFFT 2.1+N

Description: Probability of Substance Use Disorder based on CRAFFT 2.1+N Scoring

Instructions: Please answer all questions honestly; your answers will be kept confidential

Privacy level: Any staff member

- 1. DURING THE PAST 12 MONTHS, on how many days did you drink more than a few sips of beer, wine, or any drink containing alcohol? Put "0" if none
- 2. DURING THE PAST 12 MONTHS, on how many days did you use any marijuana (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "synthetic marijuana" (like "K2", "Spice")? Put "0" if none
- 3. DURING THE PAST 12 MONTHS, on how many days did you 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)? Put "0" if none
- 4. DURING THE PAST 12 MONTHS, on how many days did you use a vaping device (such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs) containing nicotine and/or flavors, or use any tobacco products (cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches)? Put "0" if none

READ THE FOLLOWING 3 SETS OF INSTRUCTIONS BEFORE CONTINUING

If you put "0" in ALL of the boxes above, ANSWER QUESTION 5 BELOW, THEN STOP

If you put "1" or more for QUESTIONS 1, 2, or 3 above, ANSWER QUESTIONS 5-10 BELOW

If you put "1" or more for QUESTION 4 above, ANSWER QUESTIONS 11-17 BELOW

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| 5. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | Yes No |
| 6. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? | Yes No |
| 7. Do you ever use alcohol or drugs while you are by yourself, or ALONE? | Yes No |
| 8. Do you ever FORGET things you did while using alcohol or drugs? | Yes No |
| 9. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? | Yes No |
| 10. Have you ever gotten into TROUBLE while you were using alcohol or drugs? | Yes No |
| The following questions ask about your use of any vaping devices containing nicotine and/or flavors, or use of any tobacco products. | |
| 11. Have you ever tried to QUIT using, but couldn't? | Yes No |
| 12. Do you vape or use tobacco NOW because it is really hard to quit? | Yes No |
| 13. Have you ever felt like you were ADDICTED to vaping or tobacco? | Yes No |
| 14. Do you ever have strong CRAVINGS to vape or use tobacco? | Yes No |
| 15. Have you ever felt like you really NEEDED to vape or use tobacco? | Yes No |
| 16. Is it hard to keep from vaping or using tobacco in PLACES where you are not supposed | |

to, like school?	Yes No
17a. When you HAVEN'T vaped or used tobacco in a while (or when you tried to stop using)...did you find it hard to CONCENTRATE because you couldn't vape or use tobacco?	Yes No
17b. When you HAVEN'T vaped or used tobacco in a while (or when you tried to stop using)...did you feel more IRRITABLE because you couldn't vape or use tobacco?	Yes No
17c. When you HAVEN'T vaped or used tobacco in a while (or when you tried to stop using)...did you feel a strong NEED or urge to vape or use tobacco?	Yes No
17d. When you HAVEN'T vaped or used tobacco in a while (or when you tried to stop using)...did you feel NERVOUS, restless, or anxious because you couldn't vape or use tobacco?	Yes No

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.

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