

The CRAFFT+N Interview

SBIRT in Schools

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.	<input type="text"/>
	# 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.	<input type="text"/>
	# 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.	<input type="text"/>
	# of days
4. Use a vaping device* containing nicotine and/or flavors , or use any tobacco products† ? Say "0" if none. <small>*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.</small>	<input type="text"/>
	# of days

If the student answered...

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



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	
	Yes	No
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

**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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