Kansas Department of Health and Environment

DAISEY

CRAFFT+N Interview Form

To be verbally administered by the clinician

Which Caregiver/Adult Was Involved (Client Name)?

_____

Date of Activity:

Program

- ☐ Becoming a Mom
- ☐ Family Planning
- ☐ Maternal Child Health (MCH/M&I)
- ☐ Pregnancy Maintenance (PMI)
- ☐ Teen Pregnancy (TPTCM)
- ☐ Kansas Connecting Communities

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:

Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Say "0" if none. ☐ # of days

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

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

Use a vaping device* containing nicotine 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

		Check 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.

Part C

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

		Check 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.	Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?	☐ **Yes**	☐ **No**
4.	Do you ever **FORGET** things you did while using alcohol or drugs?	☐ **Yes**	☐ **No**
5.	Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?	☐ **Yes**	☐ **No**
6.	Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?	☐ **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.

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.
