



Associated Document: Car, Relax, Alone, Forget, Friends, Trouble (CRAFT) Interview (version 2.1)

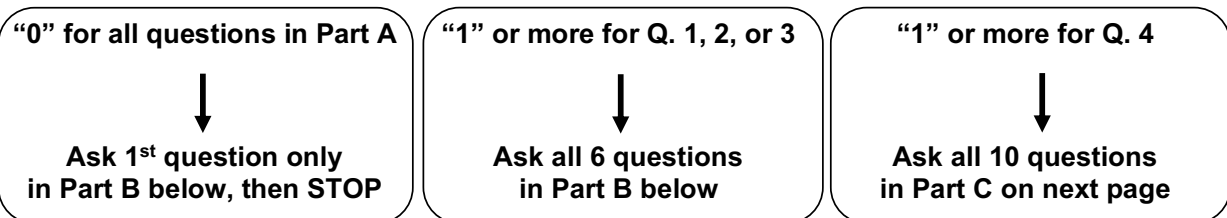
Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

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. | <input style="width: 100px; height: 20px;" 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 style="width: 100px; height: 20px;" 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 style="width: 100px; height: 20px;" type="text"/>
of days |
| 4. Use a vaping device* containing nicotine 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 style="width: 100px; height: 20px;" type="text"/>
of days |

If the patient answered...



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 |

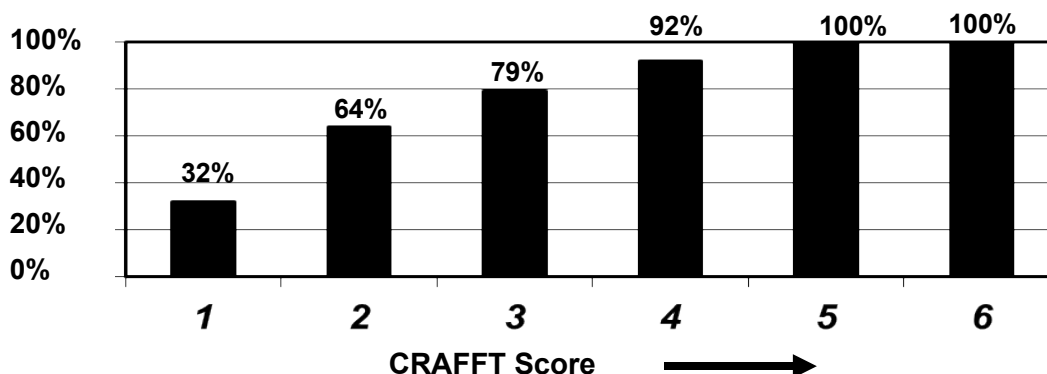
Two or more YES answers in Part B suggests a serious problem that needs further assessment. See Page 3 for further instructions. →

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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, 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."

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

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Associated Document: Prediction of Alcohol Withdrawal Severity Scale (PAWSS)³⁹

PART A: THRESHOLD CRITERIA — Yes or No, no point

Have you consumed any amount of alcohol (i.e., been drinking) **within the last 30 days**?
OR Did the patient have a positive (+) blood alcohol level (BAL) on admission?

If the answer to either is YES, proceed to next questions.

PART B: BASED ON PATIENT INTERVIEW — 1 point each

- | | |
|---|--|
| 1 | Have you been recently intoxicated/drunk , within the last 30 days? |
| 2 | Have you ever undergone alcohol use disorder rehabilitation treatment or treatment for alcohol use disorder (i.e., in- patient or out-patient treatment programs or AA attendance)? |
| 3 | Have you ever experienced any previous episodes of alcohol withdrawal, regardless of severity? |
| 4 | Have you ever experienced blackouts? |
| 5 | Have you ever experienced alcohol withdrawal seizures? |
| 6 | Have you ever experienced delirium tremens or DTs? |
| 7 | Have you combined alcohol with other “downers” like benzodiazepines or barbiturates, during the last 90 days ? |
| 8 | Have you combined alcohol with any other substance of abuse, during the last 90 days ? |

PART B: BASED ON PATIENT INTERVIEW — 1 point each

- | | |
|----|--|
| 9 | Was the patient’s blood alcohol level (BAL) greater than 200mg/dL? (SI units 43.5 mmol/L)*
OR *Have you consumed any alcohol in the past 24 hours? |
| 10 | Is there any evidence of increased autonomic activity?
e.g., heart rate >120 bpm, tremor, agitation, sweating, nausea |

*Due to the common absence of a BAL the committee has added this modification.

Interpretation

Maximum score = 10. This instrument is intended as a SCREENING TOOL. The greater the number of positive findings, the higher the risk for the development of alcohol withdrawal syndrome (AWS).

A score of ≥ 4 suggests HIGH RISK for moderate to severe (complicated) AWS; prophylaxis and/or inpatient treatment are indicated.



Associated Document: Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar)⁷⁰

Patient _____		Date _____		Time _____	
				(24 hour clock, midnight = 00:00)	
Pulse or heart rate, taken for one minute _____			Blood Pressure _____		
<p>Nausea and Vomiting Ask "Do you feel sick to your stomach? Have you vomited?" Observation.</p> <p>0 no nausea and no vomiting 1 mild nausea with no vomiting 2 3 4 intermittent nausea with dry heaves 5 6 7 constant nausea, frequent dry heaves and vomiting</p>			<p>Tactile Disturbances Ask "Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?" Observation.</p> <p>0 none 1 very mild itching, pins and needles, burning or numbness 2 mild itching, pins and needles, burning or numbness 3 moderate itching, pins and needles, burning or numbness 4 moderately severe hallucinations 5 severe hallucinations 6 extremely severe hallucinations 7 continuous hallucinations</p>		
<p>Tremor Arms extended and fingers spread apart. Observation.</p> <p>0 no tremor 1 not visible, but can be felt fingertip to fingertip 2 3 4 moderate, with patient's arms extended 5 6 7 severe, even with arms not extended</p>			<p>Auditory Disturbances Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?" Observation.</p> <p>0 not present 1 very mild harshness or ability to frighten 2 mild harshness or ability to frighten 3 moderate harshness or ability to frighten 4 moderately severe hallucinations 5 severe hallucinations 6 extremely severe hallucinations 7 continuous hallucinations</p>		
<p>Paroxysmal Sweats Observation.</p> <p>0 no sweat visible 1 barely perceptible sweating, palms moist 2 3 4 beads of sweat obvious on forehead 5 6 7 drenching sweats</p>			<p>Visual Disturbances Ask "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" Observation.</p> <p>0 not present 1 very mild sensitivity 2 mild sensitivity 3 moderate sensitivity 4 moderately severe hallucinations 5 severe hallucinations 6 extremely severe hallucinations 7 continuous hallucinations</p>		

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<p>Anxiety Ask "Do you feel nervous?" Observation.</p> <p>0 no anxiety, at ease 1 mild anxious 2 3 4 moderately anxious, or guarded, so anxiety is inferred 5 6 7 equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions</p>	<p>Headache, Fullness in Head Ask "Does your head feel different? Does it feel like there is a band around your head?" Do not rate for dizziness or lightheadedness. Otherwise, rate severity.</p> <p>0 not present 1 very mild 2 mild 3 moderate 4 moderately severe 5 severe 6 very severe 7 extremely severe</p>
<p>Agitation Observation.</p> <p>0 normal activity 1 somewhat more than normal activity 2 3 4 moderately fidgety and restless 5 6 7 paces back and forth during most of the interview, or constantly thrashes about</p>	<p>Orientation and Clouding of Sensorium Ask "What day is this? Where are you? Who am I?"</p> <p>0 oriented and can do serial additions 1 cannot do serial additions or is uncertain about date 2 disoriented for date by no more than 2 calendar days 3 disoriented for date by more than 2 calendar days 4 disoriented for place/or person</p>
<p>The CIWA-Ar is not copyrighted and may be reproduced freely. This assessment for monitoring withdrawal symptoms requires approximately 5 minutes to administer. The maximum score is 67 (see instrument). Patients scoring less than 10 do not usually need additional medication for withdrawal.</p> <p style="text-align: right;">Total CIWA-Ar Score _____ Rater's Initials _____ Maximum Possible Score 67</p>	

Interpretation

Score	Severity
0-9	Very mild withdrawal
10-15	Mild withdrawal
16-20	Moderate withdrawal
>20	Severe withdrawal

Notes

- Training is required to administer this tool accurately; a regular audit and feedback process is recommended to ensure intra- and inter-rater variability is within an acceptable range.^{583,584}
- This tool should be used in conjunction with best clinical judgment when making decisions on appropriate medication protocols, schedules, and dosages.
- Due to the need for a clinical interview, the CIWA-Ar is not appropriate where there is a language barrier or if the patient is cognitively impaired, delirious, or displaying a decreased level of consciousness.²⁰⁴