Correction to: How can primary care practitioners address substance use by adolescents? A position paper of the EUROPEAN academy of PAEDIATRICS

Pierre-André Michaud¹ · Richard Bélanger² · Artur Mazur³ · Adamos Hadjipanayis⁴ · Anne-Emmanuelle Ambresin⁵

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The authors of the published version of this article inadvertently omitted the table note of the Table 2 under the Appendix section. The complete Table 2 is shown as follows:

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✉ Pierre-André Michaud
pierre-andre.michaud@chuv.ch

Richard Bélanger
ricbelanger@hotmail.com

Artur Mazur
dmazur@poczta.onet.pl

Adamos Hadjipanayis
Cyprusadamos@paidiatros.com

Anne-Emmanuelle Ambresin
Anne-Emmanuelle.Ambresin@chuv.ch

¹ University hospital, Pierre-André Michaud Sauge, 15
1030 Bussigny, Switzerland

² Département de pédiatrie, Faculté de médecine, Université Laval,
QC, Québec G1V 0A6, Canada

³ Faculty of Medicine, University of Rzeszów, Rzeszów, Poland

⁴ Medical School, European University of Cyprus, Nicosia, Diogenis
Str 6, 2404 Nicosia, CY, Cyprus

⁵ University hospital, Lausanne, Lausanne, Switzerland

Appendix

Table 2 The CRAFFT+N screening tool (with permission [28])

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.	____	# 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.	____	# 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.	____	# of days
4. Use any tobacco or nicotine products (for example, cigarettes, e-cigarettes, hookahs or smokeless tobacco)? Put “0” if none.	____	# 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?	☐	☐
6. Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in?	☐	☐
7. Do you ever use alcohol or drugs while you are by yourself, or ALONE ?	☐	☐
8. Do you ever FORGET things you did while using alcohol or drugs?	☐	☐
9. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	☐	☐
10. Have you ever gotten into TROUBLE while you were using alcohol or drugs?	☐	☐

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