NIDA-Modified ASSIST—Prescreen V1.0[1]

Name: ..... Sex ( ) F ( ) M Age.....

Interviewer..... Date ...../...../.....

Introduction (Please read to patient)

Hi, I'm _____, nice to meet you. If it's okay with you, I'd like to ask you a few questions that will help me give you better medical care. The questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed. I'll also ask you about illicit or illegal drug use—but only to better diagnose and treat you.

Instructions: For each substance, mark in the appropriate column. For example, if the patient has ever used cocaine in their lifetime, put a mark in the "Yes" column in the "cocaine" row.

Prescreen Question: **In your lifetime, which of the following substances have you ever used?** ***For prescription medications, please report nonmedical use only.***	**No**	**Yes**
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)		
b. Alcoholic beverages (beer, wine, liquor, etc.)		
c. Cannabis (marijuana, pot, grass, hash, etc.)		
d. Cocaine (coke, crack, etc.)		
e. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)		
f. Methamphetamine (speed, crystal meth, ice, etc.)		
g. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)		
h. Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium,Rohypnol, GHB, etc.)		
i. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)		
j. Street opioids (heroin, opium, etc.)		
k. Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)		
l. Other – specify:		

- If the patient says **"NO"** for all drugs in Prescreen, reinforce abstinence. **Screening is complete.**
- If the patient says **"Yes"** to any of the drugs, ask **Question 1** of the NIDA Modified ASSIST tool.

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[1] This screening tool was adapted from the WHO Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) Version 3.0 developed and published by the World Health Organization (WHO) (available at: http://www.who.int/substance_abuse/activities/assist_v3_english.pdf)

Question 1 of the NIDA-Modified ASSIST V1.0

Instructions: Patients may fill in the following form themselves but screening personnel should offer to read the questions aloud in a private setting and complete the form for the patient (circle number in appropriate row/column). To preserve confidentiality, a protective sheet should be placed on top of the questionnaire so it will not be seen by other patients after it is completed but before it is filed in the medical record.

1. **In the past three months, how often have you used the substances you mentioned (first drug, second drug, etc)?**	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. **Tobacco products (cigarettes, chewing tobacco, cigars, etc.)**	0	2	3	4	6
b. **Alcoholic beverages (beer, wine, liquor, etc.)**	0	2	3	4	6
c. **Cannabis (marijuana, pot, grass, hash, etc.)**	0	2	3	4	6
d. **Cocaine (coke, crack, etc.)**	0	2	3	4	6
e. **Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)**	0	2	3	4	6
f. **Methamphetamine (speed, crystal meth, ice, etc.)**	0	2	3	4	6
g. **Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)**	0	2	3	4	6
h. **Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)**	0	2	3	4	6
i. **Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)**	0	2	3	4	6
j. **Street opioids (heroin, opium, etc.)**	0	2	3	4	6
k. **Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)**	0	2	3	4	6
l. **Other – Specify:**	0	2	3	4	6

- For patients who report **"Never"** having used any drug in the past 3 months: **Go to Questions 5-7**.
- For any recent **illicit or nonmedical prescription drug use**, go to Question 2.
- For **tobacco and alcohol**, see next page.

For Tobacco and Alcohol Use

- For patients who report use of **tobacco:** *Any* current tobacco use places a patient at risk.

  Advise *all* tobacco users to quit. For more information on smoking cessation, please see Helping Smokers Quit: A Guide for Clinicians at http://www.ahrq.gov/clinic/tobacco/clinhlpsmksqt.htm.

- **For alcohol:** Question patient in more detail about frequency and quantity of use:

If the answer is:

☐ None: **Advise** patient to stay within these limits

For healthy men under the age of 65: No more than 4 drinks per day AND no more than 14 drinks per week.

For healthy women under the age of 65 and not pregnant (and healthy men over age 65): No more than 3 drinks per day AND no more than 7 drinks per week.

Recommend lower limits or abstinence as medically indicated; for example for patients who:

- Take medications that interact with alcohol
- Have a health condition exacerbated by alcohol
- Are pregnant (advice abstinence).

Encourage talking openly about alcohol and any concerns it may raise, re-screen annually.

Reminder:

Many people don't know what counts as a standard drink (e.g., 12 oz beer, 5 oz wine, 1.5 oz liquor).

For information, please see http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide13_p_mats.htm

☐ One or more times of heavy drinking (≥ 5 for men; ≥ 4 for women): Patient is an at-risk drinker.

Please see NIAAA website "How to help patients who drink too much: A clinical approach" at http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm for additional information to **Assess, Advise, Assist, and Arrange** help for at risk drinkers or patients with alcohol use disorders.

Questions 2-7 of the NIDA-Modified ASSIST V1.0

Instructions: Patients may fill in the following form themselves or screening personel can offer to read the questions aloud in a private setting and complete the form (circle number in appropriate row/column). To preserve confidentiality, a protective sheet should be placed on top of the questionaire so it will not be seen by other patients after it is completed but before it is filed in the medical record.

2. <u>In the past 3 months</u>, how often have you had a strong desire or urge to use (first drug, second drug, etc)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	3	4	5	6
b. Cocaine (coke, crack, etc.)	0	3	4	5	6
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	3	4	5	6
d. Methamphetamine (speed, crystal meth, ice, etc.)	0	3	4	5	6
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0	3	4	5	6
f. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	0	3	4	5	6
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	3	4	5	6
h. Street Opioids (heroin, opium, etc.)	0	3	4	5	6
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	3	4	5	6
j. Other – Specify:	0	3	4	5	6

3. <u>During the past 3 months</u>, how often has your use of (first drug, second drug, etc) led to health, social, legal or financial problems?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	4	5	6	7
b. Cocaine (coke, crack, etc.)	0	4	5	6	7
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	4	5	6	7
d. Methamphetamine (speed, crystal meth, ice, etc.)	0	4	5	6	7
e. Inhalants (nitrous oxide, glue, gas, pain thinner, etc.)	0	4	5	6	7
f. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	0	4	5	6	7
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	4	5	6	7
h. Street opioids (heroin, opium, etc.)	0	4	5	6	7
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	4	5	6	7
j. Other – Specify:	0	4	5	6	7

4. During the past 3 months, how often have you failed to do what was normally expected of you because of your use of (first drug, second drug, etc)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	5	6	7	8
b. Cocaine (coke, crack, etc.)	0	5	6	7	8
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	5	6	7	8
d. Methamphetamine (speed, crystal meth, ice, etc.)	0	5	6	7	8
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0	5	6	7	8
f. Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	0	5	6	7	8
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	5	6	7	8
h. Street Opioids (heroin, opium, etc.)	0	5	6	7	8
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	5	6	7	8
j. Other – Specify:	0	5	6	7	8

Instructions: Ask Questions 5 & 6 for all substances **ever used** (i.e., those endorsed in the Prescreen).

5. Has a friend or relative or anyone else ever expressed concern about your use of (first drug, second drug, etc)?	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	3	6
b. Cocaine (coke, crack, etc.)	0	3	6
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	3	6
d. Methamphetamine (speed, crystal meth, ice, etc.)	0	3	6
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0	3	6
f. Sedatives or sleeping pills (Valium, Serepax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)	0	3	6
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	3	6
h. Street opioids (heroin, opium, etc.)	0	3	6
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	3	6
j. Other – Specify:	0	3	6

6. Have you ever tried and failed to control, cut down or stop using (first drug, second drug, etc)?	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months
a. Cannabis (marijuana, pot, grass, hash, etc.)	0	3	6
b. Cocaine (coke, crack, etc.)	0	3	6
c. Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	3	6
d. Methamphetamine (speed, crystal meth, ice, etc.)	0	3	6
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0	3	6
f. Sedatives or sleeping pills (Valium, Serepax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)	0	3	6
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	3	6
h. Street opioids (heroin, opium, etc.)	0	3	6
i. Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	3	6
j. Other – Specify:	0	3	6

Instructions: Ask Question 7 if the patient endorses any drug that might be injected, including those that might be listed in the other category (e.g., steroids). Circle appropriate response.

7. Have you ever used any drug by injection (NONMEDICAL USE ONLY)?	No, never	Yes, but not in the past 3 months	Yes, in the past 3 months

- Recommend to patients reporting any prior or current intravenous drug use that they get tested for HIV and Hepatitis B/C.
- If patient reports using a drug by injection in the past three months, ask about their pattern of injecting during this period to determine their risk levels and the best course of intervention.
    - If patient responds that they inject once weekly or less OR fewer than 3 days in a row, provide a brief intervention including a discussions of the risks associated with injecting.
    - If patient responds that they inject more than once per week OR 3 or more days in a row, refer for further assessment.

Note: Recommend to patients reporting any current use of alcohol or illicit drugs that they get tested for HIV and other sexually transmitted diseases.

Tally Sheet for scoring the full NIDA-Modified ASSIST:

Instructions: For each substance (labeled a–j), add up the scores received for questions 1-6 above. This is the Substance Involvement (SI) score. Do not include the results from either the Prescreen or Q 7 (above) in your SI scores.

Substance Involvement Score	Total (SI SCORE)
a. Cannabis (marijuana, pot, grass, hash, etc.)	
b. Cocaine (coke, crack, etc.)	
c. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	
d. Methamphetamine (speed, crystal meth, ice, etc.)	
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	
f. Sedatives or sleeping pills (Valium, Serepax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)	
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	
h. Street Opioids (heroin, opium, etc.)	
i. Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	
j. Other – Specify:	

Use the resultant Substance Involvement (SI) Score to identify patient's risk level.

To determine patient's risk level based on his or her SI score, see the table below:

Level of risk associated with different Substance Involvement Score ranges for Illicit or nonmedical prescription drug use	
0-3	Lower Risk
4-26	Moderate Risk
27+	High Risk