

## LEVEL 2—Substance Use—Adult\*

\*Adapted from the NIDA-Modified ASSIST

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date: \_\_\_\_\_

If the measure is being completed by an informant, what is your relationship with the individual receiving care? \_\_\_\_\_

In a typical week, approximately how much time do you spend with the individual receiving care? \_\_\_\_\_ hours/week

**Instructions:** On the DSM-5-TR Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* you (the individual receiving care) have been bothered by “using medicines on your own without a doctor’s prescription, or in greater amounts or longer than prescribed, and/or using drugs like marijuana, cocaine or crack, and/or other drugs” at a slight or greater level of severity. The questions below ask how often you (the individual receiving care) have used these medicines and/or substances **during the past 2 weeks**. Please respond to each item by marking (✓ or x) one box per row.

During the past <b>TWO (2) WEEKS</b> , about how often did you use any of the following medicines <b>ON YOUR OWN</b> , that is, without a doctor’s prescription, in greater amounts or longer than prescribed?							Clinician Use
		Not at all	One or two days	Several days	More than half the days	Nearly every day	Item Score
a.	Painkillers (like Vicodin)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
b.	Stimulants (like Ritalin, Adderall)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
c.	Sedatives or tranquilizers (like sleeping pills or Valium)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
<b>Or drugs like:</b>							
d.	Marijuana	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
e.	Cocaine or crack	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
f.	Club drugs (like ecstasy)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
g.	Hallucinogens (like LSD)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
h.	Heroin	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
i.	Inhalants or solvents (like glue)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
j.	Methamphetamine (like speed)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Total Score:							

Courtesy of National Institute on Drug Abuse.

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### **Instructions to Clinicians**

The DSM-5-TR Level 2—Substance Use—Adult is an adapted version of the NIDA-Modified ASSIST. The 15-item measure is used to assess the pure domain of prescription medicine, and illicit substance use in adults age 18 and older. It is completed by the individual prior to a visit with the clinician. If the individual receiving care is of impaired capacity and unable to complete the form (e.g., an individual with dementia), a knowledgeable informant may complete the measure. Each item asks the individual receiving care (or informant) to rate the severity of the individual's use of various substances **during the past 2 weeks**.

### **Scoring and Interpretation**

Each item on the measure is rated on a 5-point scale (i.e., 0=not at all; 1=1 or 2 days; 2=several days; 3=more than half the days; 4=nearly every day). The clinician is asked to review the score of each item on the measure during the clinical interview and indicate the raw score for each item in the section provided for "Clinician Use." Scores on the individual items should be interpreted independently because each item inquires about the use of a distinct substance. The rating of multiple items at scores greater than 0 indicates greater severity and complexity of substance use.

### **Frequency of Use**

To track change in the severity of the individual's use of alcohol, tobacco/nicotine, prescription or illicit substance over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the individual's symptoms and treatment status. For individuals of impaired capacity, it is preferred that completion of the measures at follow-up appointments is by the same knowledgeable informant. Consistently high scores on the measure may indicate significant and problematic areas that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.