

Name: _____ Date: _____ Sex: () F () M Age: _____

NIDA-Modified ASSIST (NMA)– CHAMP – Interview Format

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 opioid use. Some of the substances we'll talk about are prescribed by a doctor, but I will only record use of those substances if you have taken them for reasons or in doses other than as prescribed. I'll also ask you about illicit or illegal drug use—but only to better diagnose and treat you.

Instructions: For each question, mark the patient's response in the appropriate column using a (✓). For example, in Question 1, if the patient reports that they have used prescription opioids weekly in the past 3 months, put a (✓) in the 'Weekly' column.

Use of Prescription Opioids Other Than as Prescribed, Q1-6

Prescription opioids include fentanyl, oxycodone [Oxycontin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, tramadol etc.

In the past 3 months...	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
1. How often have you used prescription opioids? IF ANSWER IS 'NEVER' USED PRESCRIPTION OPIOIDS OTHER THAN AS PRESCRIBED, SKIP TO QUESTION 7.	0	2	3	4	6
2. How often have you had a strong desire or urge to use prescription opioids?	0	3	4	5	6
3. How often has your use of prescription opioids led to health, social, legal or financial problems?	0	4	5	6	7
4. How often have you failed to do what was normally expected of you because of your use of prescription opioids?	0	5	6	7	8
In your lifetime...	No, Never	Yes, but not in the past 3 months		Yes, in the past 3 months	
5. Has a friend or a relative or anyone else <u>ever</u> expressed concern about your use of prescription opioids?	0	3		6	
6. Have you <u>ever</u> tried and failed to control, cut down or stop using prescription opioids?	0	3		6	

Street Opioid Use, Q7-12

Street opioids include fentanyl, heroin, opium, kratom etc.

In the past 3 months...	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
7. How often have you used street opioids? IF ANSWER IS 'NEVER', END OF SCREEN.	0	2	3	4	6
8. How often have you had a strong desire or urge to use street opioids?	0	3	4	5	6
9. How often has your use of street opioids led to health, social, legal or financial problems?	0	4	5	6	7
10. How often have you failed to do what was normally expected of you because of your use of street opioids?	0	5	6	7	8
In your lifetime...	No, Never	Yes, but not in the past 3 months		Yes, in the past 3 months	
11. Has a friend or a relative or anyone else <u>ever</u> expressed concern about your use of street opioids?	0	3		6	
12. Have you <u>ever</u> tried and failed to control, cut down or stop using street opioids?	0	3		6	

Name: _____ Date: _____ Sex: () F () M Age: _____

NIDA-Modified ASSIST(NMA)– Scoring

Instructions: For each substance – prescription and street opioids – add up the scores received for the appropriate 6 questions. This is the Substance Involvement score.

Prescription Opioids		Street Opioids	
Question #	Score	Question #	Score
Q1		Q7	
Q2		Q8	
Q3		Q9	
Q4		Q10	
Q5		Q11	
Q6		Q12	
Total		Total	

Instructions: Use the resultant Substance Involvement Score to identify patient’s risk level. To determine patient’s risk level based on their Substance Involvement 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