

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

NIDA-Modified ASSIST (NMA) – CHAMP – Self Report Format

Thank you for taking this brief screen about opioid use. The following questions ask you about your experience using these substances. Some of these substances may be prescribed by a doctor; however, if you have taken such medications for reasons other than as prescribed or taken them more frequently or at higher doses than prescribed, please answer the questions accordingly. Use a (✓) to indicate your answer.

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	

CHAMP - NIDA-Modified ASSIST (NMA)– Scoring

Use this score sheet to determine the Substance Involvement scores of patients who complete the NIDA-Modified ASSIST Self Report screen.

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	
Question #	Score
Q1	
Q2	
Q3	
Q4	
Q5	
Q6	
Total	

Street Opioids	
Question #	Score
Q7	
Q8	
Q9	
Q10	
Q11	
Q12	
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