



# **SUBSTANCE USE SCREENING TOOLS FOR HIV SERVICE DELIVERY SETTINGS**



***The Health Resources and Services Administration (HRSA)-funded Ryan White HIV/AIDS Program Special Projects of National Significance (SPNS) initiative Strengthening Systems of Care for People with HIV and Opioid Use Disorder (OUD) provides coordinated technical assistance across HIV and behavioral health/substance use service providers. The project aims to enhance system-level coordination and networks of care among Ryan White HIV/AIDS Program recipients and other federal, state, and local entities. The purpose of this initiative is to ensure that people with HIV and OUD have access to care, treatment, and recovery services that are client-centered and culturally responsive.***

***SSC developed this resource in response to the needs of the nine state partners participating in the project. For more information about the project and to access additional resources, visit <https://ssc.jsi.com/>.***

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## BACKGROUND

This library supports professionals in talking to clients about substance use in a respectful, non-judgmental, and validated manner. In doing so, it contributes to the main goal of the Ryan White HIV/AIDS Program Special Projects of National Significance Strengthening Systems of Care for People with HIV and Opioid Use Disorder (OUD) project: to ***ensure that people with HIV and OUD have access to care, treatment, and recovery services that are client-centered and culturally responsive.***

## INTRODUCTION

Between 2005 and 2010, the Substance Abuse and Mental Health Services Administration estimated that nearly one-third of individuals with HIV also used illicit drugs or engaged in binge drinking in the past 30 days.<sup>1</sup> While many people (with and without HIV) manage drug use without significant problems, some patterns of substance use can affect HIV viral suppression.<sup>2</sup>

HIV service delivery settings offer an opportunity to have conversations with clients about substance use. Supportive and dignified conversations about substance use between service providers and people with HIV can lead to referrals and connection to needed services, increased retention in care, and increased viral suppression.

By using validated substance use screening tools such as those included in this library, staff can identify substance use among clients, assess their risk of substance use-related harms, and provide supportive linkages to harm reduction services and/or further assessment and treatment. The tools included have been studied to determine if they accurately measure what they were intended to measure. This is known as "**validity**." Each tool fact sheet contains information about its validity.

## WHAT IS THE PURPOSE OF THIS LIBRARY?

This library provides an opportunity for staff to efficiently review multiple validated screening tools and identify those that are most appropriate for their settings. Each tool fact sheet includes information on substance(s) covered, audiences, mode of delivery, and evidence base to help HIV service delivery settings integrate substance use screening into their practice.

## WHO SHOULD USE THIS LIBRARY?

This library is for clinical staff, program managers, case managers, medical assistants, and others in an HIV service delivery setting who have direct contact with clients. The library includes screening tools that both clinical and non-clinical staff can administer after receiving the appropriate training.

## WHAT IS SCREENING?

Screening provides a valid and reliable snapshot of a client's substance use. Screening for substance use with a validated instrument is an evidence-based practice that facilitates identification of clients who are likely to benefit from additional conversation and resources related to substance use. When HIV care providers discuss substance use with patients, it increases the likelihood that they will enter substance use treatment.<sup>3</sup> In turn, substance use treatment has been associated with greater retention in HIV care.<sup>4</sup>

## WHAT IS S · BI · RT? HOW DOES THIS LIBRARY INFORM S · BI · RT PROCESSES?

The acronym, S-BI-RT—**S**creening, **B**rief **I**ntervention and **R**eferral to **T**reatment—refers to an approach to systematic universal screening for problematic alcohol and drug use and the routine steps taken in response to the screening results.<sup>5</sup> This library includes validated tools that can be used during the screening portion of S-BI-RT.

Brief interventions encompass a number of steps that may follow screening. Generally, staff engage in conversation with the client to understand the level of risk indicated by the results of the screening, the client's readiness to change a behavior, their specific needs and life circumstances, and the need for follow-up to facilitate positive results as defined by the client.<sup>3</sup> Additional information is available from the [HIV Provider Reference Series - Screening, Brief Intervention, and Referral to Treatment: Addressing Substance Abuse in HIV Care Settings](#).

## WHAT TOOL(S) SCREEN FOR OPIOID USE?

Many tools included in this library screen for multiple substances, including opioids. This ensures that screening is comprehensive, since individuals may use more than one substance at once (known as "polysubstance use"). Only one tool screens for opioid use exclusively: the Rapid Opioid Dependence Screen (see page 43). It was originally developed to assess whether an individual leaving an incarceration setting should be offered medication for opioid use disorder and can be used as a stand-alone screening tool or as part of a more comprehensive screening process.

## WHAT IS A SINGLE-QUESTION SCREENING TOOL?

Single-question screening tools may be appropriate for some settings, such as primary care offices and emergency departments. These settings use a single-question screening tool as a form of triage. Examples of single-question screening tools include NIDA Quick Screen (see page 18), [Single-Question Alcohol Screening Test](#), and [Single-Question Screening Test for Drug Use](#). A positive result on a single-question screening tool requires further screening using one of the tools included in this library.

Wakeman (2020) has suggested use of a single-question screener for primary care settings looking to quickly determine candidates for medication for opioid use. She recommends following the question by asking the individual patient which drug(s) they used.<sup>6</sup>

## DEFINITIONS

**Screening vs. assessment:** This library includes various substance use **screening** tools. These tools are intended to provide a valid and reliable snapshot of a client’s substance use, which may point toward a need for further **assessment** and specialized support. When clients complete screening tools on their own or with the support of staff who are not trained in substance use or behavioral health treatment, the screening tools provide important preliminary information for trained clinicians to conduct follow-up assessments.

**Substance use vs. substance use disorder (SUD):** The tools included in this library are validated mechanisms to identify **substance use** among clients. It is important to remember that substance use does not equate to a SUD. A **SUD** is a diagnosis provided by a trained clinician. Many individuals use substances (including illicit drugs) in ways that reduce potential harm and that they define as supportive to their lives. In fact, when using universal screening, only about 14% of the U.S. population can be classified as having an SUD.<sup>7</sup> It is essential that providers do not place judgments or biases about drug and alcohol use on those who are willing to disclose and discuss their substance use.

**Sensitivity and specificity:** When selecting a screening tool, consider information on sensitivity and specificity. An ideal screening tool has both high sensitivity and high specificity. Sensitivity and specificity can change based on a number of factors including the substance in question and the population with whom the screening tool is administered. Each screening tool fact sheet (*beginning on page 7*) provides this information.

- **Sensitivity** is the ability of a test to correctly classify an individual as having the health outcome of interest, or screening “positive.” A sensitivity percentage describes the probability of someone who screens positive actually having the outcome of interest.<sup>8</sup> For example, a fourth-generation laboratory HIV test with 99.5% sensitivity provides a 99.5% chance that someone who tests positive actually has HIV.<sup>9</sup>
- **Specificity** is the ability of a test to correctly classify an individual as not having the health outcome of interest. A specificity percentage describes the probability of someone testing negative when the outcome truly is not present.<sup>3</sup> For example, a fourth-generation laboratory HIV test with 99.5% specificity provides a 99.5% chance that someone who tests negative truly does not have HIV.<sup>8</sup>

## HOW DOES SUBSTANCE USE SCREENING WORK IN AN HIV SERVICE SETTING?

There are many considerations when integrating substance use screening tools into an HIV service delivery setting. Timing is important. Organizations should offer screenings at preset intervals but allow both clinical and non-clinical staff working with a client to use judgment as to when to use a tool. Administering a tool when staff have not established trust with the client or the client does not trust the system, when the client is not ready or willing to discuss their substance use, or for whom reducing substance use is not a top priority could push the person out of care, rather than foster a supportive conversation.

Screening tools should be brief, informative, and easily interpretable. Additionally, managers and administrators should consider the following to minimize disruptions in workflow when implementing substance use screening tools:<sup>10</sup>

1. Before implementation of new screening procedures, identify potential strategies and interventions to respond to a positive substance use screening result.
  - a. Ensure frontline staff have input in the development of interventions.
  - b. Provide staff with appropriate training and support to implement screening tools while maintaining an open and respectful relationship with clients.
2. Use a validated, self-report substance use screening tool for all clients at the first appointment and determine a preset interval for screening at follow-up appointments.
  - a. While further research is needed to determine the optimal frequency of screening for substance use, screening at least annually is currently considered good practice.<sup>11</sup>
  - b. Clients may be more likely to disclose substance use after developing a trusting relationship with staff. Allow frontline staff to conduct repeat screening when indicated.
3. Consider characteristics (i.e., average administration time, sensitivity, specificity, population for which the tool has been validated) when identifying potential screening tools to use in the HIV service setting.
4. Identify staff responsible for screening tool administration. (See *“Who should administer SUD screening tools?”* below).
5. When possible, use electronic or web-based platforms to reduce potential under-reporting, provide real-time results to providers on screening results, and facilitate recording of screening responses within medical record systems.
6. Share screening results with clients.
7. Provide consistent follow-up for clients with past positive screenings for substance use.
8. Preserve confidentiality in every step of the screening process. Establish screening protocols to protect confidentiality by considering the following questions:
  - a. In what private space will staff complete the screening tool with clients?
  - b. Where is the screening information saved in the electronic health record (EHR)?
  - c. If tools are administered on paper, how will you dispose of the tools once completed?

## WHO SHOULD ADMINISTER SUBSTANCE USE SCREENING TOOLS?

Clients can self-administer many screening tools using paper or electronic methods. Individuals who complete self-administered surveys may be more willing to share sensitive information, such as drug use.<sup>12</sup> It is recommended that the staff person who initiates the screening process with a client maintain contact with the client to establish trust and remove redundancy.

If your organization elects to conduct screening verbally:

- The tool must have an evidence base for verbal administration (*each screening tool fact sheet [beginning on page 7] provides this information*).
- Questions must be asked exactly as written with no deviation.
- Staff such as care coordinators, case managers, medical assistants, nurses, and physicians must be trained in the best practices of verbally administering the tool to receive consistent results.
- There will be costs of staff time for both administration and regular booster training to maintain efficacy.<sup>3</sup>

## WHAT IF I CANNOT USE ELECTRONIC OR WEB-BASED PLATFORMS AT MY ORGANIZATION?

Take the following actions to help operationalize screening in your setting:<sup>4</sup>

- Determine if any tools have been built and are available for your EHR or case management system. These tools may be available at a reduced cost in a shorter time frame.
- If administering screening tools via electronic methods is not feasible, complete a paper version. Be sure to account for staff time required to enter information into the EHR or case management system and maintain confidentiality with all hard copies.
  - A creative solution to implementing paper screening tools is to laminate the screening tool and use dry-erase markers. Once the information has been entered into the case file in a confidential manner, wipe the laminate clean.

## HOW CAN I ENSURE THAT THE SCREENING IS CONDUCTED WITH CULTURAL HUMILITY?

Some screening tools have been translated into various languages; however, it is important to remember that the translation of a tool does not necessarily ensure a culturally responsive approach to screening. Consider the following guidelines:<sup>13</sup>

- Reflect empathy, curiosity, and respect, which are fundamental to successful cross-cultural encounters.
- Demonstrate knowledge about cultural groups but recognize that each group is heterogeneous.



- Understand each client’s expectations of the medical experience and what an illness may mean, including cause, severity, and prognosis; expected treatment; and how it affects the person’s life.<sup>14</sup>
- Accommodate client’s language preference.
- Increase focus on social context and support.
- Provide appropriate education to match a client’s health literacy level.
- Cultivate diversity in the care setting workforce.
- Incorporate members of the community in the design and implementation of cross-cultural initiatives and programs.
- Adopt a family-centered approach when appropriate, ensuring proper release of confidential information with 42 CFR Part 2.
- Integrate traditional practices and spirituality when appropriate.
- Use motivational interviewing techniques to determine substance use referral options in line with the client’s goals.

## WHAT HAPPENS AFTER THE SCREENING?

It is important to intervene based on the results of each client’s screening. Positive reinforcement, brief advice, brief intervention, and referral to treatment are all potential next steps when the screening process is complete. Reinforce client autonomy when making referrals. Provide a menu of available options to clients and be clear that you support whichever, if any, the client chooses. Explicitly emphasize that continued access to your services is not contingent on follow-up with a substance use referral; otherwise, clients may assume they have no choice but to accept the referral. Additional information is available from the [HIV Provider Reference Series - Screening, Brief Intervention, and Referral to Treatment: Addressing Substance Abuse in HIV Care Settings](#).

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- Dr. Alexander Walley; Boston Medical Center.

# ALCOHOL, SMOKING, AND SUBSTANCE INVOLVEMENT SCREENING TEST (ASSIST)



## What substances does this tool screen for?

Tobacco, alcohol, cannabis, cocaine, amphetamines, sedatives, hallucinogens, inhalants, opioids, and other drugs.



## Is this tool appropriate to use with people with HIV?

The ASSIST was developed by the World Health Organization and is recommended for universal screening. However, no study has specifically examined the use of the tool among people with HIV.

## Who administers and scores the tool?

- A staff person or health care provider who has been trained to administer the ASSIST, reading questions as written and not providing any additional information until after completion.
- Scoring should be completed by a trained staff person or health care provider.



## Has this tool been validated?

Yes, the ASSIST tool has been evaluated against multiple substance use screening tools (e.g., DAST, AUDIT). Sensitivity is found to range between 54% to 97%, and specificity between 50% and 96%, depending on substance.

*Please see reference list: 15 and 16*



# A. WHO - ASSIST V3.0

INTERVIEWER ID	<input type="text"/>	COUNTRY	<input type="text"/>	<input type="text"/>	CLINIC	<input type="text"/>
PATIENT ID	<input type="text"/>	DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**INTRODUCTION (Please read to patient)**

Thank you for agreeing to take part in this brief interview about alcohol, tobacco products and other drugs. I am going to ask you some questions about your experience of using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills (show drug card).

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will not record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

**NOTE: BEFORE ASKING QUESTIONS, GIVE ASSIST RESPONSE CARD TO PATIENT**

**Question 1**

*(If completing follow-up please cross check the patient's answers with the answers given for Q1 at baseline. Any differences on this question should be queried)*

In your life, which of the following substances have you <u>ever used?</u> (NON-MEDICAL USE ONLY)	No	Yes
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3
d. Cocaine (coke, crack, etc.)	0	3
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	3
j. Other - specify:	0	3

<p>Probe if all answers are negative:          "Not even when you were in school?"</p>	<p>If "No" to all items, stop interview.          If "Yes" to any of these items, ask Question 2 for each substance ever used.</p>
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**Question 2**

In the <u>past three months</u> , how often have you used the substances you mentioned ( <i>FIRST DRUG, SECOND DRUG, ETC</i> )?	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, spirits, 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. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	2	3	4	6
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	2	3	4	6
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	2	3	4	6
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	2	3	4	6
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	2	3	4	6
j. Other - specify:	0	2	3	4	6

**If "Never" to all items in Question 2, skip to Question 6.**

**If any substance in Question 2 were used in the previous three months, continue with Questions 3, 4 & 5 for each substance used.**

**Question 3**

During the <u>past three months</u> , how often have you had a strong desire or urge to use ( <i>FIRST DRUG, SECOND DRUG, ETC</i> )?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	3	4	5	6
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	3	4	5	6
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	3	4	5	6
d. Cocaine (coke, crack, etc.)	0	3	4	5	6
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	3	4	5	6
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3	4	5	6
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	3	4	5	6
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	3	4	5	6
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	3	4	5	6
j. Other - specify:	0	3	4	5	6

**Question 4**

During the <b>past three months</b> , how often has your use of ( <i>FIRST DRUG, SECOND DRUG, ETC</i> ) lead to health, social, legal, or financial problems?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	4	5	6	7
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	4	5	6	7
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	4	5	6	7
d. Cocaine (coke, crack, etc.)	0	4	5	6	7
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	4	5	6	7
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	4	5	6	7
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	4	5	6	7
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	4	5	6	7
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	4	5	6	7
j. Other - specify:	0	4	5	6	7

**Question 5**

During the <b>past three months</b> , how often have you failed to do what was normally expected of you because of your use of ( <i>FIRST DRUG, SECOND DRUG, ETC</i> )?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	5	6	7	8
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	5	6	7	8
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	5	6	7	8
d. Cocaine (coke, crack, etc.)	0	5	6	7	8
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	5	6	7	8
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	5	6	7	8
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	5	6	7	8
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	5	6	7	8
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	5	6	7	8
j. Other - specify:	0	5	6	7	8

**Ask Questions 6 & 7 for all substances ever used (i.e. those endorsed in Question 1)**

**Question 6**

Has a friend or relative or anyone else <u>ever</u> expressed concern about your use of (FIRST DRUG, SECOND DRUG, ETC)?	Never, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	6	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	6	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d. Cocaine (coke, crack, etc.)	0	6	3
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	6	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	6	3
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	6	3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	6	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	6	3
j. Other - specify:	0	6	3

**Question 7**

Have you <u>ever</u> tried and failed to control, cut down, or stop using (FIRST DRUG, SECOND DRUG, ETC)?	Never, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	6	3
b. Alcoholic beverages (beer, wine, spirits, etc.)	0	6	3
c. Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d. Cocaine (coke, crack, etc.)	0	6	3
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	6	3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	6	3
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	0	6	3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	0	6	3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	0	6	3
j. Other - specify:	0	6	3

**Question 8**

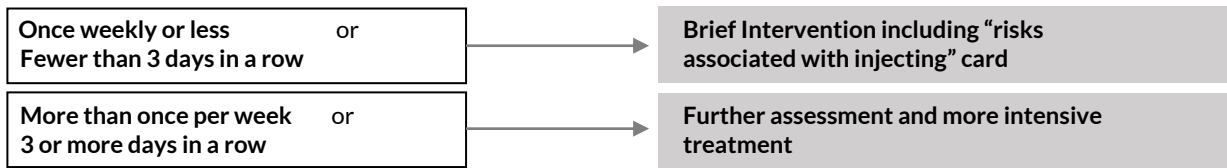
	Never, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
Have you <u>ever</u> used any drug by injection? (NON-MEDICAL USE ONLY)	0	2	1

**IMPORTANT NOTE:**

Patients who have injected drugs in the last 3 months should be asked about their pattern of injecting during this period, to determine their risk levels and the best course of intervention.

**PATTERN OF INJECTING**

**INTERVENTION GUIDELINES**



**HOW TO CALCULATE A SPECIFIC SUBSTANCE INVOLVEMENT SCORE**

For each substance (labelled a. to j.) add up the scores received for questions 2 through 7 inclusive. Do not include the results from either Q1 or Q8 in this score. For example, a score for cannabis would be calculated as: **Q2c + Q3c + Q4c + Q5c + Q6c + Q7c**

Note that Q5 for tobacco is not coded, and is calculated as: **Q2a + Q3a + Q4a + Q6a + Q7a**

**THE TYPE OF INTERVENTION IS DETERMINED BY THE PATIENT’S SPECIFIC SUBSTANCE INVOLVEMENT SCORE**

	Record specific substance score	no intervention	Receive brief intervention	More intensive treatment *
a. tobacco		0 - 3	4 - 26	27 +
b. alcohol		0 - 3	11 - 26	27 +
c. cannabis		0 - 3	4 - 26	27 +
d. cocaine		0 - 3	4 - 26	27 +
e. amphetamine		0 - 3	4 - 26	27 +
f. inhalants		0 - 3	4 - 26	27 +
g. sedatives		0 - 3	4 - 26	27 +
h. hallucinogens		0 - 3	4 - 26	27 +
i. opioids		0 - 3	4 - 26	27 +
j. other drugs		0 - 3	4 - 26	27 +

**NOTE: \*FURTHER ASSESSMENT AND MORE INTENSIVE TREATMENT may be provided by the health professional(s) within your primary care setting, or, by a specialist drug and alcohol treatment service when available.**

# CAGE-AID



## What substances does this tool screen for?

Alcohol, drugs (*the CAGE-AID uses the general term drugs, rather than specifying particular substances*)

*Note: the CAGE-AID screens for both alcohol and drug use. If you are looking for a tool that screens for alcohol use only, the CAGE was developed for that purpose and is available on page 41.*

## Is this tool appropriate to use with people with HIV?

The CAGE-AID is recommended for universal screening. However, no study has specifically examined the use of the CAGE-AID among people with HIV.



## Who administers and scores the tool?

- Optimally self-administered by clients either electronically or on paper.
- If screening verbally, by a staff person or health care provider who has been trained to administer the CAGE-AID, reading questions as written and not providing any additional information until after completion.
- Any staff person or health care provider can be trained to score the CAGE.

### POPULATIONS

Adults  
Adolescents

### ADMINISTRATION

Verbal  
Electronic  
Paper

## Has this tool been validated?

When one or more “Yes” responses are provided to the CAGE-AID, research has found that the sensitivity is 79% and specificity is 77%. When two or more “Yes” responses are provided, research has found that the sensitivity decreases to 70% and specificity increases to 85%.

*Please see reference list: 17*

*Note: CAGE is an acronym formed from the italicized words in the questionnaire. The CAGE-AID is a version of the CAGE (page 41) that was adapted to include drugs and alcohol.*





# CAGE-AID Questionnaire

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

When thinking about drug use, include illegal drug use and the use of prescription drug other than prescribed.

<b>Questions:</b>	<b>YES</b>	<b>NO</b>
1. Have you ever felt that you ought to cut down on your drinking or drug use? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have people annoyed you by criticizing your drinking or drug use? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever felt bad or guilty about your drinking or drug use? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a drink or used drugs first thing in the morning <b>to steady your nerves or to get rid of a hangover?</b>	<input type="checkbox"/>	<input type="checkbox"/>

### Scoring

Regard one or more positive responses to the CAGE-AID as a positive screen.

### Psychometric Properties

The CAGE-AID exhibited:	<b>Sensitivity</b>	<b>Specificity</b>
One or more <b>Yes</b> responses	0.79	0.77
Two or more <b>Yes</b> responses	0.70	0.85

(Brown 1995)

# DRUG ABUSE SCREENING TEST (DAST-10)



## What substances does this tool screen for?

Cannabis, cocaine, heroin, narcotic pain medications, sedatives, stimulants.

## Is this tool appropriate to use with people with HIV?

Yes, the DAST-10 has been administered to people with HIV and has been validated within this population.



## Who administers and scores the tool?

- A staff person or health care provider who has been trained to administer the DAST-10, reading questions as written and not providing any additional information until after completion.
- Scoring should be completed by a trained staff person or health care provider.

## Has this tool been validated?

Yes, the DAST-10 tool has been evaluated against the DAST-28 and DAST-20. While results vary, studies have found that sensitivity ranges from 41% to 95%, and specificity from 68% to 99%, depending on the positive cut-off used while scoring.

*Please see reference list: 18, 19, and 20*

### POPULATIONS

Adults

### ADMINISTRATION

Verbal

Electronic

Paper





**NIDA Clinical Trials Network**  
**Drug Abuse Screening Test (DAST-10)**

7. Have you neglected your family because of your use of drugs?  
 No  Yes
8. Have you engaged in illegal activities in order to obtain drugs?  
 No  Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?  
 No  Yes
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?  
 No  Yes

**Comments:**

**Scoring**

Score 1 point for each question answered "Yes," except for question 3 for which a "No" receives 1 point.

**DAST Score:**    --

**Interpretation of Score:**

Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1-2	Low level	Monitor, reassess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

# NIDA QUICK SCREEN & NIDA-MODIFIED ALCOHOL, SMOKING, AND SUBSTANCE INVOLVEMENT SCREENING TEST (NM-ASSIST)



## What substances do these tools screen for?

Tobacco, alcohol, cannabis, cocaine, amphetamines, sedatives, hallucinogens, inhalants, opioids, and other drugs.

The single-item NIDA Quick Screen tool should be used in combination with the NM-ASSIST. A “Yes” response to the NIDA Quick Screen should be followed by administration of the NM-ASSIST.



## Are these tools appropriate to use with people with HIV?

The NIDA Quick Screen and NM-ASSIST are recommended for universal screening. However, no study has specifically examined their use among people with HIV.

## Who administers and scores the tools?

- Optimally self-administered by clients either electronically or on paper.
- If screening verbally, by a staff person or health care provider who has been trained to administer the NIDA Quick Screen and NM-ASSIST, reading questions as written and not providing any additional information until after completion.
- Scoring should be completed by a trained staff person or health care provider.



## Have these tools been validated?

Yes, the NIDA Quick Screen and NM-ASSIST tools have been evaluated against multiple substance use screening tools (e.g., CRAFFT, SURP). Sensitivity is found to range between 13% to 82%, and specificity between 85% and 99%, depending on substance.

*Please see reference list: 21, 22, 23, and 24*



# NIDA Quick Screen V1.0<sup>1</sup>

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 used cocaine monthly in the past year, put a mark in the “Monthly” column in the “illegal drug” row.

NIDA Quick Screen Question:	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
<b><u>In the past year, how often have you used the following?</u></b>					
<b>Alcohol</b>					
<ul style="list-style-type: none"> <li>• For men, 5 or more drinks a day</li> <li>• For women, 4 or more drinks a day</li> </ul>					
<b>Tobacco Products</b>					
<b>Prescription Drugs for Non-Medical Reasons</b>					
<b>Illegal Drugs</b>					

- If the patient says “**NO**” for all drugs in the Quick Screen, reinforce abstinence. **Screening is complete.**
- If the patient says “**Yes**” to **one or more days of heavy drinking**, *patient is an at-risk drinker*. Please see NIAAA website “How to Help Patients Who Drink Too Much: A Clinical Approach” [http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians\\_guide.htm](http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm), for information to **Assess, Advise, Assist, and Arrange** help for at risk drinkers or patients with alcohol use disorders
- If patient says “**Yes**” to **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” <http://www.ahrq.gov/clinic/tobacco/clinhlpsmksqt.htm>
- If the patient says “**Yes**” to **use of illegal drugs or prescription drugs for non-medical reasons**, proceed to **Question 1** of the NIDA-Modified ASSIST.

<sup>1</sup> This guide is designed to assist clinicians serving adult patients in screening for drug use. The NIDA Quick Screen was adapted from the single-question screen for drug use in primary care by Saitz et al. (available at <http://archinte.ama-assn.org/cgi/reprint/170/13/1155>) and the National Institute on Alcohol Abuse and Alcoholism’s screening question on heavy drinking days (available at [http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians\\_guide.htm](http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/clinicians_guide.htm)). The NIDA-modified ASSIST was adapted from the World Health Organization (WHO) Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), Version 3.0, developed and published by WHO (available at [http://www.who.int/substance\\_abuse/activities/assist\\_v3\\_english.pdf](http://www.who.int/substance_abuse/activities/assist_v3_english.pdf)).

## Questions 1-8 of the NIDA-Modified ASSIST V2.0

**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. 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.

Question 1 of 8, NIDA-Modified ASSIST	Yes	No
<p><b>In your <i>LIFETIME</i>, which of the following substances have you ever used?</b></p> <p><i>*Note for Physicians: For prescription medications, please report nonmedical use only.</i></p>		
a. <b>Cannabis</b> (marijuana, pot, grass, hash, etc.)		
b. <b>Cocaine</b> (coke, crack, etc.)		
c. <b>Prescription stimulants</b> (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)		
d. <b>Methamphetamine</b> (speed, crystal meth, ice, etc.)		
e. <b>Inhalants</b> (nitrous oxide, glue, gas, paint thinner, etc.)		
f. <b>Sedatives or sleeping pills</b> (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)		
g. <b>Hallucinogens</b> (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)		
h. <b>Street opioids</b> (heroin, opium, etc.)		
i. <b>Prescription opioids</b> (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)		
j. <b>Other – specify:</b>		

- Given the patient's response to the Quick Screen, the patient *should not indicate "NO"* for all drugs in Question 1. If they do, remind them that their answers to the Quick Screen indicated they used an illegal or prescription drug for nonmedical reasons within the past year and then **repeat Question 1**. If the patient indicates that the drug used is not listed, please mark 'Yes' next to 'Other' and continue to **Question 2** of the NIDA-Modified ASSIST.
- If the patient says "Yes" to any of the drugs, proceed to **Question 2** of the NIDA-Modified ASSIST.

Question 2 of 8, NIDA-Modified ASSIST

2. <u>In the past three months</u> , how often have you used the substances you mentioned (first drug, second drug, etc)?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
• Cannabis (marijuana, pot, grass, hash, etc.)	0	2	3	4	6
• Cocaine (coke, crack, etc.)	0	2	3	4	6
• Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	0	2	3	4	6
• Methamphetamine (speed, crystal meth, ice, etc.)	0	2	3	4	6
• Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	0	2	3	4	6
• Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)	0	2	3	4	6
• Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	0	2	3	4	6
• Street opioids (heroin, opium, etc.)	0	2	3	4	6
• Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	0	2	3	4	6
• Other – Specify:	0	2	3	4	6

- For patients who report “Never” having used any drug in the past 3 months: **Go to Questions 6-8.**
- For any recent illicit or nonmedical prescription drug use, go to **Question 3.**

3. <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



4. <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

5. <u>During the past 3 months</u> , 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 6 & 7 for all substances ever used (i.e., those endorsed in the Question 1).

6. Has a friend or relative or anyone else <u>ever</u> 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

7. 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 8 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.

8. 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 2-7 above. This is the Substance Involvement (SI) score. Do not include the results from either the Q1 or Q8 (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

# SUBSTANCE ABUSE AND MENTAL ILLNESS SYMPTOMS SCREENER (SAMISS)



**16**  
ITEMS

## What substances does this tool screen for?

Alcohol, drugs (*the SAMISS uses the general term drugs, rather than specifying particular substances*)

## Is this tool appropriate to use with people with HIV?

Yes, the SAMISS was designed to identify substance use disorder and mental health conditions in people with HIV and has been validated within this population.



**5-10**  
MINS

## Who administers and scores the tool?

- A staff person or health care provider who has been trained to administer the SAMISS in a consistent manner, reading questions as written and not providing any additional information until after completion.
- Scoring should be completed by a trained staff person or health care provider.

## Has this tool been validated?

Yes, the SAMISS tool has been evaluated for sensitivity and specificity against the Structured Clinical Interview for DSM Disorders for substance use and mental health conditions. While results vary, studies have found sensitivity and specificity of the substance use module to be 75% or higher, and the mental health condition module to have sensitivity as high as 95%, while the specificity was found to be 49%. A study found that the specificity of the mental health condition module decreased as the number of a person's HIV-related symptoms increased.

*Please see reference list: 25*



## Substance Abuse and Mental Illness Symptoms Screener (SAMISS)

1. How often do you have a drink containing alcohol?

Never	Monthly or less	2–4 times/mo	2–3 times/wk	4+ times/wk
0	1	2	3	4

2. How many drinks do you have on a typical day when you are drinking?

None	1 or 2	3 or 4	5 or 6	7–9	10 or more
0	1	2	3	4	5

3. How often do you have 4 or more drinks on 1 occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0	1	2	3	4

**Total for Q1-3:** \_\_\_\_\_ (Note: score of 5+ indicates positive screen)

4. In the past year, how often did you use nonprescription drugs to get high or to change the way you feel?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0	1	2	3	4

**Total for Q4:** \_\_\_\_\_ (Note score of 3+ indicates positive screen)

5. In the past year, how often did you use drugs prescribed to you or to someone else to get high or change the way you feel?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0	1	2	3	4

**Total for Q5:** \_\_\_\_\_ (Note score of 3+ indicates positive screen)

6. In the past year, how often did you drink or use drugs more than you meant to?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0	1	2	3	4

**Total for Q6:** \_\_\_\_\_ (Note: score of 1+ indicates positive screen)

7. How often did you feel you wanted or needed to cut down on your drinking or drug use in the past year, and were not able to?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
0	1	2	3	4

**Total for Q8:** \_\_\_\_\_ (Note: score of 1+ indicates positive screen)

**Note: Yes response for Q8-16 indicates positive screen**

8. In the past year, when not high or intoxicated, did you ever feel extremely energetic or irritable and more talkative than usual?

Yes                      No

9. In the past year, were you ever on medication or antidepressants for depression or nerve problems?

Yes                      No

10. In the past year, was there ever a time when you felt sad, blue, or depressed for more than 2 weeks in a row?

Yes                      No

11. In the past year, was there ever a time lasting more than 2 weeks when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

Yes                      No

12. In the past year, did you ever have a period lasting more than 1 month when most of the time you felt worried and anxious?

Yes                      No

13. In the past year, did you have a spell or an attack when all of a sudden you felt frightened, anxious, or very uneasy when most people would not be afraid or anxious?

Yes                      No

14. In the past year, did you ever have a spell or an attack when for no reason your heart suddenly started to race, you felt faint, or you couldn't catch your breath?

Yes                      No

If yes, please explain: \_\_\_\_\_

15. During your lifetime, as a child or adult, have you experienced or witnessed traumatic event(s) that involved harm to yourself or to others?

Yes                      No

If yes: In the past year, have you been troubled by flashbacks, nightmares, or thoughts of the trauma?

Yes                      No

16. In the past 3 months, have you experienced any event(s) or received information that was so upsetting it affected how you cope with everyday life?

Yes                      No

## The Substance Abuse and Mental Illness Symptoms Screener (SAMISS) – Key

### Substance Abuse:

Respondent screens positive if sum of responses to questions 1–3 is equal to or greater than 5, response to question 4 or 5 is equal to or greater than 3, or response to question 6 or 7 is equal to or greater than 1.

#### Q1-3 look at alcohol use

1. How often do you have a drink containing alcohol?

Never **0** Monthly or less **1** 2–4 times/mo **2** 2–3 times/wk **3** 4 or more times/wk **4**

2. How many drinks do you have on a typical day when you are drinking?

None **0** 1 or 2 **1** 3 or 4 **2** 5 or 6 **3** 7–9 **4** 10 or more **5**

3. How often do you have 4 or more drinks on 1 occasion?

Never **0** Less than monthly **1** Monthly **2** Weekly **3** Daily or almost daily **4**

#### Q 4-5 look at substances other than alcohol

4. In the past year, how often did you use nonprescription drugs to get high or to change the way you feel?

Never **0** Less than monthly **1** Monthly **2** Weekly **3** Daily or almost daily **4**

5. In the past year, how often did you use drugs prescribed to you or to someone else to get high or change the way you feel?

Never **0** Less than monthly **1** Monthly **2** Weekly **3** Daily or almost daily **4**

#### Q 6-7 look at the effects of substance use on daily living

6. In the past year, how often did you drink or use drugs more than you meant to?

Never **0** Less than monthly **1** Monthly **2** Weekly **3** Daily or almost daily **4**

7. How often did you feel you wanted or needed to cut down on your drinking or drug use in the past year, and were not able to?

Never **0** Less than monthly **1** Monthly **2** Weekly **3** Daily or almost daily **4**

### Mental Illness:

Respondent screens positive if response to any question is “Yes.”

#### Q8 looks at the manic side of bipolar disorder



**Q 9 - 11 look at depression**

**Q 12 - 14 look at anxiety**

**Q 15 looks at PTSD like symptoms**

**Q 16 could be a few things, PTSD or depression**

# TOBACCO, ALCOHOL, PRESCRIPTION MEDICATION, AND OTHER SUBSTANCE USE TOOLS (TAPS-1, TAPS-2)



## What substances do these tools screen for?

TAPS-1 screens for tobacco, alcohol, illicit drugs, and non-medical use of prescription drugs.

A positive TAPS-1 screening should be followed by the administration of TAPS-2, a substance-specific assessment.



## Are these tools appropriate to use with people with HIV?

Yes, the TAPS-1 and TAPS-2 have been administered to people with HIV and validated within this population.

## Who administers and scores the tools?

- It is recommended that the TAPS-1 and TAPS-2 (when indicated) be self-administered by clients either electronically or on paper.
- If screening verbally, a staff person or health care provider who has been trained to administer the TAPS-1 and TAPS-2 in a consistent manner, reading questions as written, and not providing any additional information until after completion.
- Any staff person or health care providers can be trained to score the TAPS-1 and TAPS-2.



## Have these tools been validated?

Yes, the TAPS-1 and TAPS-2 tools have been evaluated for sensitivity and specificity. Sensitivity is found to range between 62% to 93% and specificity between 79% and 93% depending on substance.

*Please see reference list: 26*

Access the TAPS screening tool online:

<https://nida.nih.gov/taps2/>



# NIDA Clinical Trials Network

## The Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) Tool

### TAPS Tool Part 1

Web Version: 2.0; 4.00; 09-19-17

#### General Instructions:

The TAPS Tool Part 1 is a 4-item screening for tobacco use, alcohol use, prescription medication misuse, and illicit substance use in the past year. Question 2 should be answered only by males and Question 3 only by females. Each of the four multiple-choice items has five possible responses to choose from. Check the box to select your answer.

#### Segment:

Visit number:

1. In the PAST 12 MONTHS, how often have you used any tobacco product (for example, cigarettes, e-cigarettes, cigars, pipes, or smokeless tobacco)?  
 Daily or Almost Daily       Weekly       Monthly  
 Less Than Monthly       Never
2. In the PAST 12 MONTHS, how often have you had 5 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. (Note: This question should only be answered by males).  
 Daily or Almost Daily       Weekly       Monthly  
 Less Than Monthly       Never
3. In the PAST 12 MONTHS, how often have you had 4 or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor. (Note: This question should only be answered by females).  
 Daily or Almost Daily       Weekly       Monthly  
 Less Than Monthly       Never
4. In the PAST 12 MONTHS, how often have you used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?  
 Daily or Almost Daily       Weekly       Monthly  
 Less Than Monthly       Never
5. In the PAST 12 MONTHS, how often have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you? Prescription medications that may be used this way include: Opiate pain relievers (for example, OxyContin, Vicodin, Percocet, Methadone) Medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin) Medications for ADHD (for example, Adderall or Ritalin)  
 Daily or Almost Daily       Weekly       Monthly  
 Less Than Monthly       Never

# NIDA Clinical Trials Network

## The Tobacco, Alcohol, Prescription medications, and other Substance (TAPS) Tool

### TAPS Tool Part 2

Web Version: 2.0; 4.00; 09-19-17

#### General Instructions:

The TAPS Tool Part 2 is a brief assessment for tobacco, alcohol, and illicit substance use and prescription medication misuse in the PAST 3 MONTHS ONLY. Each of the following questions and subquestions has two possible answer choices- either yes or no. Check the box to select your answer.

1. In the PAST 3 MONTHS, did you smoke a cigarette containing tobacco?  Yes  No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, did you usually smoke more than 10 cigarettes each day?  Yes  No

b. In the PAST 3 MONTHS, did you usually smoke within 30 minutes after waking?  Yes  No

2. In the PAST 3 MONTHS, did you have a drink containing alcohol?  Yes  No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, did you have 4 or more drinks containing alcohol in a day?\* (Note: This question should only be answered by females).  Yes  No

b. In the PAST 3 MONTHS, did you have 5 or more drinks containing alcohol in a day?\* (Note: This question should only be answered by males).  Yes  No

\*One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.

c. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop drinking?  Yes  No

d. In the PAST 3 MONTHS, has anyone expressed concern about your drinking?  Yes  No

3. In the PAST 3 MONTHS, did you use marijuana (hash, weed)?  Yes  No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, have you had a strong desire or urge to use marijuana at least once a week or more often?  Yes  No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of marijuana?  Yes  No

4. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth)?  Yes  No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, did you use cocaine, crack, or methamphetamine (crystal meth) at least once a week or more often?  Yes  No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of cocaine, crack, or methamphetamine (crystal meth)?  Yes  No

5. In the PAST 3 MONTHS, did you use heroin?  Yes  No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop using heroin?  Yes  No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of heroin?  Yes  No

6. In the PAST 3 MONTHS, did you use a prescription opiate pain reliever (for example, Percocet, Vicodin) not as prescribed or that was not prescribed for you?  Yes  No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, have you tried and failed to control, cut down or stop using an opiate pain reliever?  Yes  No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of an opiate pain reliever?  Yes  No

7. In the PAST 3 MONTHS, did you use a medication for anxiety or sleep (for example, Xanax, Ativan, or Klonopin) not as prescribed or that was not prescribed for you?  Yes  No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, have you had a strong desire or urge to use medications for anxiety or sleep at least once a week or more often?  Yes  No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of medication for anxiety or sleep?  Yes  No

8. In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) not as prescribed or that was not prescribed for you?  Yes  No

If "Yes", answer the following questions:

a. In the PAST 3 MONTHS, did you use a medication for ADHD (for example, Adderall, Ritalin) at least once a week or more often?  Yes  No

b. In the PAST 3 MONTHS, has anyone expressed concern about your use of a medication for ADHD (for example, Adderall or Ritalin)?  Yes  No

9. In the PAST 3 MONTHS, did you use any other illegal or recreational drug (for example, ecstasy/molly, GHB, poppers, LSD, mushrooms, special K, bath salts, synthetic marijuana ('spice'), whip-its, etc.)?  Yes  No

If "Yes", answer the following questions:

In the PAST 3 MONTHS, what were the other drug(s) you used?

Comments:

# ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)



## What substance does this tool screen for?

Alcohol



## Is this tool appropriate to use with people with HIV?

Yes, the AUDIT has been validated for use among people with HIV and used to screen:

- Individuals with HIV who identify as male, female, transgender, non-binary, and gender nonconforming.
- Gay and bisexual men with HIV of all ages, races, and ethnicities.
- Veterans with HIV.
- Individuals with HIV accessing services in outpatient and infectious disease clinics.
- Women with HIV and a history of childhood sexual abuse.
- Individuals currently taking HIV medications.

## Who administers and scores the tool?

- Optimally self-administered by clients either electronically or on paper.
- If screening verbally, by a staff person or health care provider who has been trained to administer the AUDIT, reading questions as written and not providing any additional information until after completion.
- Any staff person or health care provider can be trained to score the AUDIT.

### POPULATIONS

Adults  
Adolescents

### ADMINISTRATION

Verbal  
Electronic  
Paper

## Has this tool been validated?

Yes, the AUDIT has been evaluated for sensitivity and specificity against the Diagnostic and Statistical Manual III-Revised criteria for alcohol use disorder. While results vary, most studies have found sensitivity and specificity to be 70% or more. Some have even found that use of the tool may result in as high as 96% sensitivity and specificity.

*Please see reference list: 27, 28, 29, and 30*



# AUDIT questionnaire

Please circle the answer that is correct for you

1. How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day when drinking?

- 1 or 2
- 3 or 4
- 5 or 6
- 7 to 9
- 10 or more

3. How often do you have six or more drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

4. During the past year, how often have you found that you were not able to stop drinking once you had started?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

5. During the past year, how often have you failed to do what was normally expected of you because of drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

6. During the past year, how often have you needed a drink in the morning to get yourself going after a heavy drinking session?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

7. During the past year, how often have you had a feeling of guilt or remorse after drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

8. During the past year, have you been unable to remember what happened the night before because you had been drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

- No
- Yes, but not in the past year
- Yes, during the past year

10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?

- No
- Yes, but not in the past year
- Yes, during the past year

### Scoring the AUDIT

Scores for each question range from 0 to 4, with the first response for each question (eg never) scoring 0, the second (eg less than monthly) scoring 1, the third (eg monthly) scoring 2, the fourth (eg weekly) scoring 3, and the last response (eg. daily or almost daily) scoring 4. For questions 9 and 10, which only have three responses, the scoring is 0, 2 and 4 (from left to right).

A score of 8 or more is associated with harmful or hazardous drinking, a score of 13 or more in women, and 15 or more in men, is likely to indicate alcohol dependence.



# ALCOHOL USE DISORDERS IDENTIFICATION TEST-CONSUMPTION (AUDIT-C)



## What substance does this tool screen for?

Alcohol

## Is this tool appropriate to use with people with HIV?

Yes, research findings support the use of the AUDIT-C among individuals with HIV. It has been used in numerous studies including those examining:

- Individuals with HIV receiving care at a hospital-based program
- Individuals with HIV receiving outpatient care with the Veteran's Service Administration



## Who administers and scores the tool?

- Optimally self-administered by clients either electronically or on paper.
- If screening verbally, by a staff person or health care provider who has been trained to administer the AUDIT-C, reading questions as written and not providing any additional information until after completion.
- Any staff person or health care provider can be trained to score the AUDIT-C.



## Has this tool been validated?

Yes. For men, a score of 4 or more indicates a positive screen. This usage has sensitivity of 89% and specificity of 91%. For women, a score of 3 indicates a positive screen. This usage has 96% sensitivity and 89% specificity. In addition, the AUDIT-C has been found to perform well across ethnically and racially diverse populations.<sup>31</sup>

*Please see reference list: 31, 32, 33, and 34*

*\*Note: AUDIT-C is the first three questions of the longer AUDIT tool (page 33), which is a more comprehensive assessment of problem drinking.*



## AUDIT-C ASSESSMENT TOOL

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The AUDIT-C assessment tool<sup>1</sup> can be used to provide a quick assessment of how much and often a woman is drinking alcohol. AUDIT-C is the first three questions of the longer AUDIT tool, which is a more comprehensive assessment of problem drinking. Both tools are internationally recognised and widely used.

Questions	0	1	2	3	4	Score
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
					<b>Total</b>	

## Scoring and interpreting AUDIT-C

Add the scores (shown in the top line) for each of the three questions for a total score out of 12. The following total scores provide an indication of whether to advise no alcohol use and/or refer the woman to a specialist addiction treatment service. They are a guide only.

0-3 Low-risk drinking (advise no use)

4-5 Moderate-risk drinking (advise no use and use professional judgement to consider referral to a specialist addiction service)

≥ High-risk drinking (definite referral to a specialist addiction service)

There is no known safe level of alcohol use at any stage of pregnancy.

**Acknowledgement:** This reproduction of the AUDIT-C assessment tool has been extracted from the Ministry of Health's 2010 publication *Alcohol and Pregnancy: A practical guide for health professionals*.

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<sup>i</sup> World Health Organization (2001). AUDIT: *The Alcohol Use Disorders Identification Test: Guidelines for use in primary care*. Geneva: World Health Organization.

# CAGE



## What substance does this tool screen for?

Alcohol

*Note: the CAGE screens for alcohol only. If you are looking for a tool that screens for both alcohol and drugs, The CAGE-AID was adapted for that purpose and is available on page 13.*

## Is this tool appropriate to use with people with HIV?

The CAGE has been used in HIV care settings. Universal screening is appropriate.



## Who administers and scores the tool?

- Optimally self-administered by clients either electronically or on paper.
- If screening verbally, by a staff person or health care provider who has been trained to administer the CAGE, reading questions as written and not providing any additional information until after completion.
- Any staff person or health care provider can be trained to score the CAGE.

## Has this tool been validated?

While the CAGE has been used to detect heavy or hazardous drinking; findings have shown that it is less sensitive and specific than the AUDIT (see page 35) when used for these purposes.<sup>35</sup> However, the CAGE has been found to be superior to the AUDIT for detecting individuals who may be found to have an alcohol use disorder following further assessment.<sup>35</sup>

*Please see reference list: 35 and 36*



*Note: CAGE is an acronym formed from the italicized words in the questionnaire.*



# Canadian Guideline for Safe and Effective Use of Opioids for CNCP — Part B

## CAGE Questionnaire

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“CAGE” is an acronym formed from the italicized words in the questionnaire (cut-annoyed-guilty-eye).

The CAGE is a simple screening questionnaire to id potential problems with alcohol.

Two “yes” responses is considered positive for males; one “yes” is considered positive for females.

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Please note: This test will only be scored correctly if you answer each one of the questions.

Please check the one response to each item that best describes how you have felt and behaved over your whole life.

**Have you ever felt you should cut down on your drinking?**

Yes  
 No

**Have people annoyed you by criticizing your drinking?**

Yes  
 No

**Have you ever felt bad or guilty about your drinking?**

Yes  
 No

**Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?**

Yes  
 No

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Click [CAGE](#) for more details.

[Substance Use Screening & Assessment Instruments Database](#)

Alcohol And Drug Abuse Institute  
University of Washington

# RAPID OPIOID DEPENDENCE SCREEN (RODS)



## What substances does this tool screen for?

Heroin, methadone, buprenorphine, morphine, MS-Contin, OxyContin, oxycodone, and other opioid analgesics.

## Is this tool appropriate to use with people with HIV?

Yes, the RODS was originally developed to support rapid assessment of individuals experiencing incarceration with HIV to allow buprenorphine induction on the day of release, if necessary.



## Who administers and scores the tool?

- A staff person or health care provider who has been trained to administer and score the RODS, reading questions as written and not providing any additional information until after completion.
- Can be administered as a stand-alone instrument or as part of a comprehensive interview.
- Scoring should be completed by a trained staff person or health care provider.



## Has this tool been validated?

The RODS has shown good-to-strong sensitivity (97%) and specificity (76%) among clients with HIV. Researchers have suggested that it is an ideal first-line assessment tool for this reason, but validity tests were conducted specifically with individuals experiencing incarceration with a relatively small sample size.

*Please see reference list: 37*



1. Have you ever taken any of the following drugs?
- |   |                           |                          |
|---|---------------------------|--------------------------|
| a. Heroin   | <input type="radio"/> Yes | <input type="radio"/> No |
| b. Methadone  | <input type="radio"/> Yes | <input type="radio"/> No |
| c. Buprenorphine  | <input type="radio"/> Yes | <input type="radio"/> No |
| d. Morphine   | <input type="radio"/> Yes | <input type="radio"/> No |
| e. MS Contin  | <input type="radio"/> Yes | <input type="radio"/> No |
| f. Oxycontin  | <input type="radio"/> Yes | <input type="radio"/> No |
| g. Oxycodone  | <input type="radio"/> Yes | <input type="radio"/> No |
| h. Other opioid analgesics<br>(e.g., Vicodin, Darvocet, etc.) | <input type="radio"/> Yes | <input type="radio"/> No |

*If any drug in question 1 is coded "yes", proceed to question 2 to 8.*

*If all drugs in question 1 are "no", skip to end and code "no" for opioid dependent.*

2. Did you ever need to use more opioids to get the same high as when you first started using opioids?  Yes  No
3. Did the idea of missing a fix (or dose) ever make you anxious or worried?  Yes  No
4. In the morning, did you ever use opioids to keep from feeling "dope sick" or did you ever feel "dope sick"?  Yes  No
5. Did you worry about your use of opioids?  Yes  No
6. Did you find it difficult to stop or not use opioids?  Yes  No
7. Did you ever need to spend a lot of time/energy on finding opioids or recovering from feeling high?  Yes  No
8. Did you ever miss important things like doctor's appointments, family/friend activities, or other things because of opioids?  Yes  No

Scoring Instructions: Add number of "yes" responses for question 2 to 8. If total is > 3, code "yes" for opioid dependent. If total is < 2, code "no" for opioid dependent.

**Opioid Dependent:**  Yes  No

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