

NIDA Quick Screen V1.0¹

Patient Name: _____

Sex: () F () M

Age _____

Interviewer: _____

Date: ____/____/____

STEP 1 – Ask the NIDA Quick Screen Question

Instructions: Using the sample language below, introduce yourself to your patient, then ask about **past year** drug use, using the NIDA *Quick Screen*. 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.

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.

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

- If the patient says “**NO**” for all drugs in the Quick Screen, reinforce abstinence. **Screening is complete.**
- If patient says “**Yes**” to **one or more days of heavy drinking**, note that *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, for information to advise, assess, 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/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/references/clinhlpsmkqt/>
- 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.

STEP 2 – Ask about any *lifetime* drug use (Question 1)

Instructions: Now ask the patient about any **lifetime** drug use. This form may be completed by your patient or any health care professional in your office. 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.

Q1. In your <i>LIFETIME</i> , which of the following substances have you ever used?	Yes	No
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, Ativan, Xanax, 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.) <ul style="list-style-type: none"> • Please record nonmedical use only: <i>Non-medical use refers to using a substance either not prescribed to the patient or used in ways or amounts not prescribed by their doctor.</i> 		
j. Other – specify:		

- 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,’ write in the name of the drug, 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.

NEXT – Ask about more recent drug use (Questions 2-8)

Instructions: Next, ask questions 2 through 8. On the line below, record the name of the substance the patient reported using in Question 1 (use a separate form for each drug reported *‘ever’* used). **Circle** the number corresponding to patient answers, then **add all circled numbers** (Questions 2-7 only) to determine patient risk level (Substance Involvement Score) for each drug used.








Name of the substance used: _____

Ask the following questions for each drug mentioned in Question 1:	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
Q2. <i>In the past 3 months</i> , how often have you used (insert name of drug)?	0	2	3	4	6
If the answer to Question 2 is “never”, skip to Question 6. Otherwise, continue with Questions 3					
Q3. <i>In the past 3 months</i> , how often have you had a strong desire or urge to use (insert name of drug)?	0	3	4	5	6
Q4. <i>In the past 3 months</i> , how often has your use of (insert name of drug) led to health, social, legal or financial problems?	0	4	5	6	7
Q5. <i>In the past 3 months</i> , how often have you failed to do what was normally expected of you because of your use of (insert name of drug)?	0	5	6	7	8
Ask Questions 6 & 7 for all substances <i>ever used</i> (i.e., those mentioned in Question 1) :	NO	YES, but not in the last 3 months		YES, in the past three months	
Q6. Has a friend or relative or anyone else ever expressed concern about your use of (insert name of drug)?	0	3	6		
Q7. Have you ever tried and failed to control, cut down, or stop using (insert name of drug)?	0	3	6		
Instructions: Ask Question 8 if patient mentions ANY drug that might be injected, including those that might be listed in the ‘Other’ category (e.g., steroids). Circle appropriate response.					
Q8. Have you ever used any drug (including steroids) by injection? • Indicate you are referring to non-medical use only.	No, never	Yes, but not in the last 3 months		Yes, in the past 3 months	

Substance Involvement (SI) Score
(add all numbers circled in the questions)



Determine patient's risk level based on patient substance involvement (SI) Score:

 <p>High Risk Score >27</p>	<ul style="list-style-type: none">• Provide feedback on screening results• Advise, Assess, Assist• Arrange referral• Offer continuing support	 <p>Advise — Provide medical advice related to patient's drug use</p>	 <p>Assess — Determine patient's readiness to change</p>
 <p>Moderate Risk Score 4-26</p>	<ul style="list-style-type: none">• Provide feedback• Advise, Assess, Assist• Consider referral based on clinical judgment• Offer continuing support	 <p>Assist — Offer help based on patient's readiness level</p>	 <p>Arrange — Refer patient for specialty assessment and/or drug treatment, if necessary</p>
 <p>Lower Risk Score 0-3</p>	<ul style="list-style-type: none">• Provide feedback• Reinforce abstinence• Offer continuing support		

For more information on NIDA screening and brief intervention recommendations, please refer to NIDA's Clinician Resource Guide (http://www.drugabuse.gov/sites/default/files/resource_guide.pdf).

Additional Screening Recommendations

- If patient reports any prior or current intravenous drug use, recommend 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.