

A Guide for Using Assessment Instruments

The Guilford Press website's assessment instruments page (www.guilford.com/p/miller11) was designed to provide easy access in one place to a variety of measures for screening and assessment tasks relevant to addiction treatment. For clinicians' use and convenience, they are provided here in downloadable form. This resource is designed to complement the Guilford text *Treating Addiction: A Guide for Professionals*, by William R. Miller, Alyssa A. Forcehimes, and Allen Zweben. The instruments available here were chosen because (1) they have a solid science base of demonstrated reliability, validity, and/or utility, and (2) they are in the public domain or their authors made them available free of charge. The instruments can be downloaded and used without further permission. However, the publisher does not provide user support for these instruments.

Some of these instruments are questionnaires that can be completed by clients, assuming adequate reading ability. Some are available in Spanish as well as English. Other instruments are administered as structured interviews, for which training is advised in order to use them properly. Scoring information is also provided as appropriate. Some instruments have complete test manuals available that provide greater detail regarding interpretation.

Thanks are due to the scientist–authors who developed and evaluated these instruments and made them available and to the granting agencies that funded the underlying research. Because many contextual factors influence the soundness of respondents' answers and scores, accuracy cannot be guaranteed in every application.

Here is an alphabetical list of instruments available through this webpage. They are indicated by Q (questionnaire) or I (interview) format in I/Q column of the table below.

| INSTRUMENT | I/Q | PURPOSE | Reference in <i>Treating Addiction</i> |
|--------------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------------------------------------------------|-------------------------------------------|
| Addiction Severity Index (ASI) ASI User Information ASI Intake Form ASI Follow-up Form | I | Evaluate nature and severity of drug problems | Chapter 5 |
| Alcohol Abstinence Self-Efficacy Scale (AASE) | Q | Assess temptation and confidence across various potential drinking situations | Chapter 5 |
| Alcohol Expectancy Questionnaire AEQ Adult Form AEQ Adult Scoring AEQ Adolescent Form AEQ Adolescent Scoring | Q | Assess positive expectancies for the effects of alcohol | Chapter 5 |
| Alcohol Screening Question | I | Screening for at-risk alcohol use | Chapter 5 |
| Alcohol Use Disorders Identification Test AUDIT Questionnaire AUDIT Scoring | Q | Screening for possible alcohol problems | Chapter 5 |
| Change Questionnaire | Q | Assess motivation for change | Chapter 5 |
| Change Rulers Importance and Confidence Rulers | I | Assess importance/confidence for change | Chapter 7 |
| Clinical Institute Withdrawal Assessment (CIWA-Ar) | I | Assess risk of alcohol withdrawal | Chapter 6, Box 6.3 Chapter 15 |

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| Cocaine Selective Severity Assessment | I | Assess severity of cocaine use disorder | Chapter 6, Box 6.4 |
| Desired Effects of Drinking Questionnaire | Q | Assess motivations for alcohol use | Chapters 8 and 18 Box 18.1 |
| Drinker Inventory of Consequences (DrInC) DrInC User Information DrInC-2L Lifetime Form DrInC-2L Scoring DrInC-2L Profile Females Males DrInC-2R Recent Form DrInC-2R Scoring DrInC-2R Profile Females Males Español DrInC-2L Spanish DrInC-2R Spanish | Q | Assess severity of alcohol-related problems | Chapter 5 |
| Drug Abuse Screening Question | I | Screen for possible drug problems | Chapter 5 |
| Drug Abuse Screening Test (DAST) DAST Questionnaire DAST Scoring | I | Screening for at-risk drug use | Chapter 5 |
| Form 90 Form 90 User Information Form 90-A (Alcohol) 90-AI Intake Form 90-AF Follow-Up Form 90-AQ Quick Follow-Up Form Form 90-AT Telephone Follow-Up 90-AC Collateral Long Form 90-ACS Collateral Short Form Form Form 90-D (Drug) 90-DI Intake Form 90-DF Follow-Up Form 90-DC Collateral Form | I | Comprehensive assessment of alcohol/drug use and related problems | Chapter 5 |
| Important People Instrument | I | Assess social support for drinking, abstinence, and treatment | Chapter 4 |
| Inventory of Drug Use Consequences (InDUC) InDUC User Information InDUC-2L Lifetime Form InDUC-2R Recent Form InDUC Scoring Español InDUC-2L Spanish InDUC-2R Spanish | Q | Assess severity of drug-related problems | Chapter 5 |

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| Michigan Alcoholism Screening Test (MAST) MAST Questionnaire MAST Scoring | Q | Screen for possible alcohol problems | Chapter 5 |
| NIDA-Modified ASSIST | IQ | Screen for at-risk drug use in health care | Chapter 5 |
| Personal Values Card Sort User Information Personal Values Card Sort 2011 | I | Assess core values | Chapter 21 Box 21.3 |
| Personal Happiness Scale | Q | Assess happiness in areas of life functioning | Chapter 11 Box 11.2 |
| Quantity/Frequency/Variability Quick Interview (QFV) QFV for 30 Days QFV for 3 Months | I | Quick assessment of recent drinking | Chapter 2 |
| Readiness to Change RTC Questionnaire RTC Scoring | Q | Quick assessment of current stage of readiness to change alcohol use | Chapter 5, Box 5.4 |
| Services Request Form | Q | Identify additional case management services needed | Chapter 8, Box 8.1 |
| SOCRATES User Information SOCRATES Alcohol (8A) Questionnaire Scoring Profile SOCRATES Drug (8D) Questionnaire Scoring | Q | Assess motivation for change | Chapter 5 |
| Subjective Opiate Withdrawal Scale (SOWS) | Q | Assess severity of opiate withdrawal | Chapter 6 |
| University of Rhode Island Change Assessment (URICA) URICA User Information URICA Alcohol Form URICA Drug Form URICA Profile Scoring URICA Readiness Score | Q | Assess stages of change | Chapter 5 |
| WIW User Information What I Want from Treatment Questionnaire (Intake) What I Got from Treatment (Follow-Up) | Q | Assess perceived treatment needs | Chapter 7 Box 7.3 |

Screening Instruments

Some instruments are designed to screen for the *possible* presence of substance use disorders. A positive finding with such instruments indicates only the need for further evaluation, and should not be interpreted as diagnosis or confirmation of a substance use disorder.

The simplest screens consist of a single item: the **Alcohol Screening Question** and the **Drug Abuse Screening Question**. These were designed for use in primary care settings where time for screening is extremely limited, and they should be asked exactly as worded. A positive answer (1 or more) indicates a need for further evaluation.

Two alcohol screening questionnaires are provided, usually administered in paper-and-pencil form. The 10-item **Alcohol Use Disorders Identification Test (AUDIT)** was developed by the World Health Organization to have cross-cultural reliability and validity. The **Michigan Alcoholism Screening Test (MAST)** is an older instrument with 24 items that blend alcohol use patterns, symptoms, problems, and dependence. A score at or above the cut-point on these instruments indicates a need for further evaluation and again should not be interpreted as confirming or diagnosing an alcohol use disorder.

Parallel to these instruments are two instruments to screen for other drug use disorders. The **Drug Abuse Screening Test (DAST)** is a 20-item questionnaire adapted from the MAST, asking directly about “drug abuse.” The **NIDA-Modified ASSIST** is a structured interview to screen for drug use disorders.

Evaluating Severity

When further evaluation is warranted, a variety of instruments can be used to assess severity of substance use disorders and related problems. Perhaps most widely used is the **Addiction Severity Index (ASI)**, a structured interview to evaluate use of and impairment related to a range of drugs including alcohol. The **Form 90** is another comprehensive structured interview covering alcohol/drug use patterns in more detail, designed for use clinical trials. It also queries treatment and incarceration experiences, AA attendance, employment, education, and housing. There are parallel forms for intake and follow-up, for alcohol or poly-drug use, for interviewing significant others, and for telephone follow-up. Extensive manuals are available for both the ASI and Form 90.

Three instruments focus specifically on the severity of withdrawal symptoms and potential need for detoxification. The **Clinical Institute Withdrawal Assessment of Alcohol (CIWA)** is a structured interview to assess severity of alcohol withdrawal. The **Cocaine Selective Severity Assessment** is an interview evaluating symptoms in withdrawal from cocaine. The **Subjective Opiate Withdrawal Scale (SOWS)** is a self-rating questionnaire of opioid withdrawal symptoms.

Two 50-item self-report questionnaires were designed to assess *problems* related to alcohol/drug use, apart from use patterns and dependence symptoms. Higher scores indicate greater levels of adverse consequences related to substance use, and norms are available to compare scores with clinical populations. The **Drinker Inventory of Consequences (DrInC)** focuses on alcohol-related problems, whereas the **Inventory of Drug Use Consequences (InDUC)** asks about problems related to drinking or drug use. Parallel forms ask about *lifetime* consequences and *recent* problems occurring within the past few months. These instruments also contain a control scale intended to detect careless or defensive responding.

Motivation for Change

Several questionnaires are available to assess client motivation for change. The *University of Rhode Island Change Assessment (URICA)* measures readiness for change using the transtheoretical stages of change. The URICA can be used to assess motivation for any particular change, with the target concern written in at the top of the questionnaire. The 12-item *Readiness to Change Questionnaire* focuses specifically on drinking, with subscale scores for precontemplation, contemplation, and action stages, and an overall readiness score. The 19-item *Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES)* yields factor scores for Recognition, Taking Steps, and Ambivalence, with parallel forms for alcohol and other drug use. Finally, the *Change Questionnaire* was developed from psycholinguistic research on the natural language that people use to describe their own motivation for change. It has 12-item and 3-item forms that can be adapted for any particular change goal. Its short form is similar to the interviewer-administered *Change Rulers*, which ask clients to rate their perceived importance and confidence for change on a 0–10 scale. It is also important to consider motivations for alcohol/drug use. The *Desired Effects of Drinking* questionnaire is a 37-item self-report of motivations for alcohol use, with nine subscales that group conceptually similar items.

Substance use occurs within the larger context of the client's life desires, hopes, and goals. Understanding what a client most values in life can be helpful in finding motivation for change. The *Personal Values Card Sort* is a structured interview format for exploring a person's own values and priorities.

Motivation for change is influenced for better or worse by a person's social support system. Therefore, it is useful to know about a client's social network to understand who is supportive (or unsupportive) of drinking, sobriety, and support of participation in treatment. The *Important People Instrument* is a semi-structured interview used to examine significant people in a person's life and assess the support of these network members for a client's drinking and participation in treatment.

Finally, it is useful to know what clients hope for and expect from treatment. Three questionnaires are provided for this purpose. *What I Want from Treatment* is a list of 69 goals that clients might hope for in their treatment experience. A parallel *What I Got from Treatment* can be used at the end of a treatment experience to assess what services clients perceive that they received. One study found that post-treatment abstinence was predicted by the extent to which clients received what they had said (at intake) that they wanted. The *Personal Happiness Scale* is a self-report questionnaire for rating one's current level of satisfaction with 11 life areas. It can be useful in identifying other areas of concern to be addressed in treatment in working toward stable sobriety. The *Services Request Form* is a checklist of other services clients might like to receive, which can be particularly helpful in case management.

Further information and references for these instruments can be found in *Treating Addiction: A Guide for Professionals*.