Guidelines for Administration of the CSSA

The CSSA is a simple scale that reliably and validly measures cocaine withdrawal signs and symptoms. The scale is designed to be administered at each detoxification visit and measures withdrawal over the past 24 hours. It takes only a few minutes to administer and requires no special equipment. Almost any member of a clinical staff can be trained to administer the scale. The accuracy of the scale depends on the consistency of administration. For this reason, we have put together this set of guidelines for administration of the CSSA. We found that administering the scale according to these guidelines significantly improved scale reliability and validity.

When ascertaining the date of last use, pay close attention to the time of last use. For example, if someone states that his/her last cocaine use was last night, determine if the last use was after midnight. If the last cocaine use was after midnight, then record days since last use as zero.

To complete items one and two, it is important to limit the individual to the previous 24 hours. Ask the individual "How has your appetite been in the past 24 hours?" Compare this response with his/her usual food intake for a typical 24-hour period. Score appetite according to the guidelines provided within items one and two on the CSSA. If a person is hyperphagic, then he/she can not be hypophagic and vice versa. Thus, an individual can have a response of zero for both questions or can have a response greater than zero for item one or item two but not both.

To complete item three ask "Do you have, or have you had any cravings for cookies, candy or sweets in the past 24 hours?" Score his/her carbohydrate craving utilizing the guidelines provided on the CSSA to quantify his/her response.

To complete items four and five, cocaine craving and craving frequency, have the individual mark a vertical line at the appropriate spot representing his/her cocaine craving and another mark corresponding to his/her cocaine craving frequency on the appropriate scale. When scoring his/her mark, you should assess 'which position on the scale is closest to the new mark and assign an appropriate value. You cannot score his/her mark as fraction. It must be a whole number. Any mark between zero and one is scored as one. If the individual displays confusion in trying to distinguish the difference between cocaine craving and craving frequency, explain that cocaine craving is how much he/she wanted to use cocaine in the last 24 hours and the craving frequency is how often he/she wanted to use cocaine. Individuals who report some craving intensity on item four must report some craving frequency on item five, and likewise, patients who report some craving intensity on item four.

To complete item six, take the individual's radial pulse and assign the value defined by the given parameters representing his/her head rate.

To complete items seven and eight ask "How has your sleep been for the last 24 hours?" Compare the response with his/her usual sleep for a typical 24 hour period, and score his/her sleep according to the guidelines provided within items seven and eight on the

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CSSA. Total sleep time, including naps is taken into account. Individuals cannot have both hyper and hyposomnia. Thus, an individual can have a response of zero for both items seven and eight, or can have a response greater than zero for item seven or eight but not both.

To complete items nine through thirteen, it is important not to lead the individual with your questioning. For example, begin inquiring about anxiety in item nine by asking "Have you felt anxious in the past 24 hours?" If the patient reports feeling some anxiety then inquire further about how anxious he/she has felt using the guidelines on the scale to help quantify his/her response. Complete the other four items following the same method.

To complete item fourteen begin by asking "Do you have difficulty trusting people?" If the individual reports suspicion, then probe further to determine how unrealistic and specific the suspicion is. Vague feelings of distrust are scored lower than articulated feelings of being harassed. True paranoid delusions are given the maximum score. This item requires the highest degree of interviewing skill and requires the interviewer to determine the validity of an individual's suspicion. Consequently, in recent test-reset reliability testing, this item received the lowest reliability rating and may eventually be eliminated from the revised scale.

To complete items fifteen through eighteen, it is important not to lead the individual with your questioning. For example to complete item fifteen ask "Have you been able to enjoy yourself over the last 24 hours?" To complete item seventeen ask "Have you had any thoughts about death in the past 24 hours?" Follow up positive responses with more specific inquiries using the guidelines in the scale to help quantitate responses.

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Amantadine/Propanolol Study	Date:	S	Initial:		Ran No	0:	Screen No: Visit No:	
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COCAINE SELECTIVE SEVERITY ASSESSMENT								
AMANTADINE/PROPANOLOL STUDY								
 HYPERPHAGIA: 0= normal appetite 3-4 =eats a lot more than usual 7= eats more than twice usual 	al							
2. HYPOPHAGIA: 0= normal appetite 3-4= eats less than normal am 7= no appetite at all				•••••				
3. CARBOHYDRATE CRAV 0= no craving 3-4=strong craving for sweets 7= strong craving for sweets	s half the ti	me						
4. COCAINE CRAVING: (P	lease have	subject	rate inte	ensity on	pg. 3) 0-	.7		
5. CRAVING FREQUENCY	: (Please h	ave sub	ject rate	intensity	on pg. 3	3) 0-7		
6. BRADYCARDIA								
0 1 Apical Pulse >64 64-63	2 62-61				6 54-53	7 <53		
 SLEEP 1: 0= normal amount of sleep 3-4= half of normal amount 7= no sleep at all 								
 8. SLEEP II:	half the day							
9. ANXIETY: 0=usually does not feel anxio 3-4= feels anxious half the tim 7= feels anxious all the time	us							
10. ENERGY LEVEL: 0=feels alert and has usual an 3-4= feels tired half the time 7=feels tired all the time								
11. ACTIVITY LEVEL: 0= no change in usual activiti 3-4= participates in half of us 7= no participation in usual a	es ual activiti			•••••				

Amantadine/Propanolol Study Date:S Initial: Ran No:	Screen No: Visit No:
 12. TENSION: 0= rarely feel tense 3-4= feels tense half the time 7=feels tense most of the time 	
 13. ATTENTION:	
 14. PARANOID IDEATION	
 15. ANHEDONIA. 0= ability to enjoy themselves remains unchanged 3-4= able to enjoy themselves half the time 7=unable to enjoy themselves at all 	
 16. DEPRESSION	
 17. SUICIDALITY 0= does not think about being dead 3-4=feels like life is not worth living 7= feels like actually ending life 	
 18. IRRITABILITY	
Interviewer Initials:	Total:

Please rate the highest intensity of the desire for cocaine you have felt in the last 24 hours:



Please identify on the line below, how often you have felt the urge to use cocaine in the last 24 hours:

