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 frequency on item five must also 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 hypsomnialma. 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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COCAIN SELECTIVE SEVERITY ASSESSMENT

AMANTADINE/PROPAOLOL STUDY

1. HYPERPHAGIA: .................................................................
   0 = normal appetite
   3-4 = eats a lot more than usual
   7 = eats more than twice usual amount of food

2. HYPOPHAGIA: .................................................................
   0 = normal appetite
   3-4 = eats less than normal amount
   7 = no appetite at all

3. CARBOHYDRATE CRAVING: ...........................................
   0 = no craving
   3-4 = strong craving for sweets half the time
   7 = strong craving for sweets all the time

4. COCAINE CRAVING: (Please have subject rate intensity on pg. 3) 0-7..............

5. CRAVING FREQUENCY: (Please have subject rate intensity on pg. 3) 0-7 .......

6. BRADYCARDIA....................................................................................................

   0 1 2 3 4 5 6 7
   Apical Pulse >64 64-63 62-61 60-59 58-57 56-55 54-53 <53

7. SLEEP I:.........................................................................................
   0 = normal amount of sleep
   3-4 = half of normal amount
   7 = no sleep at all

8. SLEEP II:.........................................................................................
   0 = normal amount of sleep
   3-4 = could sleep or do sleep half the day
   7 = sleep or could sleep all the time

9. ANXIETY:............................................................................................
   0 = usually does not feel anxious
   3-4 = feels anxious half the time
   7 = feels anxious all the time

10. ENERGY LEVEL:.................................................................
    0 = feels alert and has usual amount of energy
    3-4 = feels tired half the time
    7 = feels tired all the time

11. ACTIVITY LEVEL:.................................................................
    0 = no change in usual activities
    3-4 = participates in half of usual activities
    7 = no participation in usual activities

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12. **TENSION:** ................................................................................................................... 
0 = rarely feel tense  
3-4 = feels tense half the time  
7 = feels tense most of the time

13. **ATTENTION:** ............................................................................................................. 
0 = able to concentrate on reading, conversation, tasks, and make plans without difficulty  
3-4 = has difficulty with the above half the time  
7 = has difficulty with the above all the time

14. **PARANOID IDEATION** .......................................................................................... 
0 = no evidence of paranoid thoughts  
3-4 = unable to trust anyone  
7 = feels people are out to get him/her  
8 = feels a specific person/group is plotting against him/her

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** ............................................................................................................ 
0 = no feelings related to sadness or depression  
3-4 = feels sad or depressed half the time  
7 = feels depressed all of the time

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** ......................................................................................................... 
0 = feels that most things are not irritating  
3-4 = feels that many things are irritating  
7 = feels that mostly everything is irritating and upsetting

Interviewer Initials: ___________  Total: ______
Please rate the highest intensity of the desire for cocaine you have felt in the last 24 hours:

| No desire at all | Unable to resist |

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

| Never | All the time |