# Amphetamine Cessation Symptom Assessment (ACSA)

**Please circle (o) one response for each question regarding the past 24 hours**

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| **Q.1 Have you had difficulty concentrating?** (e.g., reading, conversation, tasks, or making plans) |
| Not at all ⬜ 0 | A little ⬜ 1 | Moderately ⬜ 2 | Quite a bit ⬜ 3 | Extremely ⬜ 4 |
| **Q.2 Have you been sleeping (or wanting to sleep) a lot?** |
| Not at all ⬜ 0 | A little ⬜ 1 | Moderately ⬜ 2 | Quite a bit ⬜ 3 | Extremely ⬜ 4 |
| **Q.3 Have you been tense?** |
| Not at all ⬜ 0 | A little ⬜ 1 | Moderately ⬜ 2 | Quite a bit ⬜ 3 | Extremely ⬜ 4 |
| **Q.4 Have you had vivid, unpleasant dreams?** |
| Not at all ⬜ 0 | A little ⬜ 1 | Moderately ⬜ 2 | Quite a bit ⬜ 3 | Extremely ⬜ 4 |
| **Q.5 Have you felt irritable?** |
| Not at all ⬜ 0 | A little ⬜ 1 | Moderately ⬜ 2 | Quite a bit ⬜ 3 | Extremely ⬜ 4 |
| **Q.6 Have you been tired?** |
| Not at all ⬜ 0 | A little ⬜ 1 | Moderately ⬜ 2 | Quite a bit ⬜ 3 | Extremely ⬜ 4 |
| **Q.7 Have you been agitated?** |
| Not at all ⬜ 0 | A little ⬜ 1 | Moderately ⬜ 2 | Quite a bit ⬜ 3 | Extremely ⬜ 4 |
| **Q.8 Have you felt that life is not worth living?** |
| Not at all ⬜ 0 | A little ⬜ 1 | Moderately ⬜ 2 | Quite a bit ⬜ 3 | Extremely ⬜ 4 |
| **Q.9 How active have you been compared to your usual level of activity?** |
| Not at all ⬜ 0 | A little ⬜ 1 | Moderately ⬜ 2 | Quite a bit ⬜ 3 | Extremely ⬜ 4 |
| **Q.10 Have you felt anxious?** |
| Not at all ⬜ 0 | A little ⬜ 1 | Moderately ⬜ 2 | Quite a bit ⬜ 3 | Extremely ⬜ 4 |
| **Q.11 Have you lost interest in things or no longer take pleasure in them?** |
| Not at all ⬜ 0 | A little ⬜ 1 | Moderately ⬜ 2 | Quite a bit ⬜ 3 | Extremely ⬜ 4 |
| **Q.12 Have you found it difficult to trust other people?** |
| Not at all ⬜ 0 | A little ⬜ 1 | Moderately ⬜ 2 | Quite a bit ⬜ 3 | Extremely ⬜ 4 |
| **Q.13 Have you felt sad?** |
| Not at all ⬜ 0 | A little ⬜ 1 | Moderately ⬜ 2 | Quite a bit ⬜ 3 | Extremely ⬜ 4 |
| **Q.14 Have you felt as if your movements were slow?** |
| Not at all ⬜ 0 | A little ⬜ 1 | Moderately ⬜ 2 | Quite a bit ⬜ 3 | Extremely ⬜ 4 |
| **Q.15 In the past 24 hours, how much of the time have you been craving for amphetamines?** |
| Not at all ⬜ 0 | A little ⬜ 1 | Moderately ⬜ 2 | Quite a bit ⬜ 3 | Extremely ⬜ 4 |
| **Q.16 How strong has your craving for amphetamine been?** |
| Not at all ⬜ 0 | A little ⬜ 1 | Moderately ⬜ 2 | Quite a bit ⬜ 3 | Extremely ⬜ 4 |
| ***Total Score:*** |  |

**Scoring and interpretation**: The ACSA comprises 16 questions. Each question is scored on a 5-point scale (i.e., 0,1,2,3, or 4).  A total score is calculated by summing responses to all 16 questions. The minimum total score possible is 0, and the maximum total score possible is 64 (i.e. total score range: 0-64). ***A higher total score reflects more severe withdrawal symptoms***.

**Tool citation:** McGregor, C., Srisurapanont, M., Mitchell, A., et al. *Psychometric evaluation of the amphetamine cessation symptom assessment.* Journal of Substance Abuse Treatment, 2008. **34**(4): 443-449.

**More information:** Fischer, J.A., Roche, A.M., and Duraisingam, V. *Amphetamine Cessation Symptom Assessment (ACSA): description, strengths and knowledge gaps. AOD Screening and Withdrawal Tools Collection.* 2021, National Centre for Education and Training on Addiction (NCETA), Flinders University: Adelaide, South Australia.