

## Amphetamine Cessation Symptom Assessment (ACSA)

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

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

**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.