

# Clinician Cognitive Review of the Patient-Rated Substance Use Checklist

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## Questions

Can a patient-reported checklist adequately capture substance use experiences?

Is the Patient-Rated Substance Use Checklist (PRSUC) clear, interpretable, and clinically meaningful?

What aspects of the scale require refinement before patient validation?

## Procedures

The Patient-Rated Substance Use Checklist (PRSUC) was subjected to a structured clinician review.

First, three clinicians with more than ten years of substance use treatment experience were recruited. Each clinician independently reviewed the instrument using a standardized 14-item evaluation form.

Reviewers assessed item clarity, conceptual coverage, response options, clinical relevance, and usability. Clinicians then provided open-ended comments to capture perceived ambiguities, redundancies, and missing constructs.

Finally, responses were consolidated and examined for recurring themes to inform instrument refinement.

## Hypothesis/Objective

To determine whether expert clinician evaluation would identify instrument limitations requiring refinement prior to patient cognitive testing.

## Comparison of Patient-Rated Substance Use Scales

| Feature                   | ASSIST (Alcohol, Smoking, and Substance Involvement Screening)      | TAPS Tool (Tobacco, Alcohol, Prescription Medications, and Other Substances; NIDA) | Patient-Rated Substance Use Checklist (PRSUC)   |
|---------------------------|---|--|---|
| <b>Purpose / Focus</b>    | Broad screening and risk assessment for multiple substances         | Brief screening and quick assessment of substance classes                          | Comprehensive patient-reported outcome measure assessing use patterns, functioning, and treatment response                                |
| <b>Population</b>         |   |  |   |
| <b>Items &amp; Burden</b> | 8 core items per substance; ~15–20 min                              | 4–14 items depending on use pattern; ~5 min  | 36 items (frequency + impact per symptom); ~10–12 min   |
| <b>Domains Covered</b>    | Frequency, craving, problems, failed obligations, concern by others | Frequency, problem behaviors, prescription misuse                                  | Use frequency, tolerance/withdrawal, craving, behavioral/social impact, emotional and physical symptoms, functioning, treatment adherence |
| <b>Scoring Range</b>      | Substance-specific risk score (Low / Moderate / High)               | Substance-specific risk level (None / Problematic)                                 | Domain and total scores for patterns, symptoms, functioning, global impact, and adherence   |
| <b>Recall Period</b>      |   |  | Past month *  |
| <b>Unique Strength</b>    | Cross-substance global standard for screening                       | Extremely brief, feasible for primary care   | Integrates <i>frequency + functional impact</i> per item; designed as a longitudinal PRO for clinical trial and clinical use              |
| <b>Primary Limitation</b> | Length; interviewer training often required                         | Limited sensitivity for some substances (sedatives, prescription opioids)          | Not yet validated; longer form than screening tools *   |
| <b>Best Use Case</b>      | Initial intake / epidemiologic surveys                              | Rapid screening in primary care  | Monitoring functioning and symptom change during treatment and recovery   |

## Background & Importance

Substance use disorders (SUD) involve compulsive use, impaired control, and functional disruption. Traditional assessments rely heavily on clinician interviews, observation, and toxicology, yet many core features of SUD are inherently subjective.

Experiences such as craving intensity, perceived control, emotional triggers, and internal distress are most directly accessible through patient report. Patient-reported outcomes (PROs) therefore provide a complementary perspective that may capture clinically meaningful changes not readily observable through biochemical or clinician-rated measures.

Importantly, patient reports may signal relapse risk, residual vulnerability, and treatment response earlier than objective indicators. Patient-completed tools may also strengthen therapeutic dialogue, promote self-reflection, and improve engagement in care.

## Results

| Review Concern                                     | TR       | MM        | ML                |
|--|----------|-----------|-------------------|
| Scale took too long to complete                    | Improve  | Adequate  | Improve           |
| Scale missed important items                       | Adequate | Adequate  | Improve           |
| Scale too complicated and unclear                  | Improve  | Adequate  | Adequate          |
| Frequency choices unclear                          | Improve  | Good      | Improve           |
| Functional impact choices unclear                  | Good     | Adequate  | Adequate          |
| One month lookback is inappropriate                | Good     | Good      | Improve           |
| Ideas repeated                                     | Adequate | Adequate  | Adequate          |
| Some items insensitive                             | Adequate | Adequate  | Improve           |
| Frequency hard to rate                             | Adequate | Adequate  | Improve           |
| Function hard to rate                              | Adequate | Adequate  | Improve           |
| Layout hard to follow                              | Adequate | Good      | Good              |
| Made patients uncomfortable                        | Good     | Adequate  | Improve           |
| Coverage of patient experiences of substance abuse | Adequate | Very well | Missed constructs |

## Conclusion

Structured clinician review supported refinement of the Patient-Rated Substance Use Checklist (PRSUC) rather than rejection of the instrument.

Reviewer feedback identified opportunities to improve item clarity, response scale interpretation, and respondent burden. In response, the instrument was revised through targeted modifications.

Key revisions included:

- ❖ Reduction of items from 36 to 18 to improve feasibility
- ❖ Wording refinements to enhance clarity and sensitivity
- ❖ Improved response option precision
- ❖ Removal of redundancies and ambiguous content
- ❖

The revised PRSUC is being advanced for patient cognitive review to evaluate comprehension, interpretability, and usability.

These findings support the value of early clinician input in optimizing patient-reported instruments prior to formal validation.