

WHO ASSIST V3.0

Client Response Card

Substance

Tobacco (Cigarettes, chewing tobacco, cigars, etc)

Alcohol (Beer, wine, spirits, etc)

Cannabis (Marijuana, pot, grass, hash, etc)

Cocaine (Coke, crack, etc)

Amphetamine type stimulants (Speed, ecstasy, meth, ice, paste, crystal, base, diet pills, etc)

Inhalants (Nitrous, glue, petrol, sprays, paint thinner, amyl nitrite etc)

Sedatives or sleeping pills (Valium, Serepax, Xanax, Rohypnol, Normison, Diazepam, Temazepam etc)

Hallucinogens (LSD, acid, mushrooms, trips, ketamine etc)

Opioids (Heroin, opium, morphine, methadone, codeine, buprenorphine, oxycodone)

Other (Please specify:)

Response Card (Questions 2 – 5)

Never: not used in the last 3 months.

Once or twice: 1 to 2 times in the last 3 months.

Monthly: average of 1 to 3 times per month over the last 3 months.

Weekly: 1 to 4 times per week.

Daily or almost daily: 5 to 7 days per week.

Response Card (Questions 6 – 8)

No, Never

Yes, but not in the past 3 months

Yes, in the past 3 months