

Alcohol, Smoking, Substance Involvement Screening Test (ASSIST)

Client name:

Date of Birth:

Sex:

INTRODUCTION (please read to client)

The following questions ask about your experience of using alcohol, tobacco products and other drugs across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled or injected (*show response card*). Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will not record medications that are used as prescribed by your doctor.

However, if you have taken such medications for reasons other than prescription, or taken them more frequently, at higher doses than prescribed or in ways in which it wasn't intended, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

	Score Legend	Tobacco (Cigarettes, chewing tobacco, cigars)	Alcohol (Beer, wine, spirits)	Cannabis (Marijuana, pot, grass, hash)	Cocaine (Coke, crack)	Amphetamine type stimulants (Speed, meth, ice, ecstasy)	Inhalants (Nitrous, glue, petrol, amyl nitrite)	Sedatives or sleeping pills (Valium, Serepax, Xanax)	Hallucinogens (LSD, acid, mushrooms, trips, ketamine)	Opioids (Heroin, Morphine, Buprenorphine, Oxycodone)	Other (Kava, GHB, excess caffeine)
Q1. In your life which of the following substances have you ever used? For substances answered YES complete Q2-Q8. If no to all stop interview	Tick YES or NO for each substance.	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
(Probe if all answers are negative e.g., 'not even when you were in school?')											
Q2. In the past 3 months, how often have you used _____? Ask individually for ALL substances answered YES in Q1	0 – never 2 – once/twice 3 – monthly 4 – weekly 6 – daily/almost daily										
(If "never" for a substance in the last 3 months skip to question 6 for that substance)											
Q3. During the past 3 months, how often have you had a strong desire or urge to use _____?	0 – never 3 – once/twice 4 – monthly 5 – weekly 6 – daily/almost daily										
Q4. During the past 3 months how often has your use of _____ led to health, social, legal or financial problems?	0 – never 4 – once/twice 5 – monthly 6 – weekly 7 – daily/almost daily										

CONTINUED OVERLEAF

	Score Legend	Tobacco (Cigarettes, chewing tobacco, cigars)	Alcohol (Beer, wine, spirits)	Cannabis (Marijuana, pot, grass, hash)	Cocaine (Coke, crack)	Amphetamine type stimulants (Speed, meth, ice, ecstasy)	Inhalants (Nitrous, glue, petrol, amyl nitrite)	Sedatives or sleeping pills (Valium, Serepax, Xanax)	Hallucinogens (LSD, acid, mushrooms, trips, ketamine)	Opioids (Heroin, Morphine, Buprenorphine, Oxycodone)	Other (Kava, GHB, excess caffeine)
Q5. During the past 3 months how often have you failed to do what was normally expected of you because of your use of _____?	0 – never 5 – once/twice 6 – monthly 7 – weekly 8 – daily/almost daily	Do not ask Q5 for tobacco									
Ask Questions 6 & 7 for all substances used in lifetime											
Q6. Has a friend or relative or anyone else ever expressed concern about your use of _____?	0 – No, never 6 – Yes, in the last 3-months 3 – yes, but not in the last 3-months										
Q7. Have you ever tried and failed to control, cut down or stop using _____?	0 – No, never 6 – Yes, in the last 3-months 3 – yes, but not in the last 3-months										
Q8. Have you ever used any drug by injection (non-medical use)?	YES NO	If YES - provide information about risks of injecting in brief intervention and take-home information If NO - no action									
Total											

Interpret the score			
Risk	Low (Drugs 0-3, Alcohol 0-10)	Moderate (Drugs 4-26, Alcohol 11-26)	High (27 or above)
Treatment	Brief advice about continuing current use pattern	Brief intervention and take-home information	Brief intervention and take-home information
Referral	No referral	No referral	Referral to specialist for further assessment

Information collected by:	Name:	Position/Agency:	
	Sign:	Date:	Contact number: