


# WHO Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)


The questions I'm going to ask you relate to your experiences with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about can be prescribed by a doctor or dentist (like pain medications). But I am only concerned with those if you have taken them for reasons other than prescribed, or in different doses than prescribed. This information is an important part of your medical history and will help us in our mission to give you the most appropriate and comprehensive care.

I am interested in knowing about the substances you have used in your lifetime as well as those you have used in the past 3 months.

1 In your life, which of the following substances have you ever used? (non-medical use only)		
	No	Yes
a. Tobacco products	0	3
b. Alcoholic beverages	0	3
c. Marijuana	0	3
d. Cocaine or Crack	0	3
e. Prescription stimulants	0	3
f. Methamphetamine	0	3
g. Inhalants	0	3
h. Sedatives or sleeping pills	0	3
i. Hallucinogens/psychedelics	0	3
j. Prescription pain medication	0	3
k. Heroin	0	3
l. Other, specify:	0	3

2 In the past three months, how often have you used the substances mentioned (first drug, second drug, etc.)					
	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products	0	2	3	4	6
b. Alcoholic beverages	0	2	3	4	6
c. Marijuana	0	2	3	4	6
d. Cocaine or Crack	0	2	3	4	6
e. Prescription stimulants	0	2	3	4	6
f. Methamphetamine	0	2	3	4	6
g. Inhalants	0	2	3	4	6
h. Sedatives or sleeping pills	0	2	3	4	6
i. Hallucinogens/psychedelics	0	2	3	4	6
j. Prescription pain medication	0	2	3	4	6
k. Heroin	0	2	3	4	6
l. Other, specify:	0	2	3	4	6

Probe if all answers are negative: "Not even when you were in school?" If "No" to all items, stop the interview. 

If "Yes" to any of these items, ask Question 2  for each substance ever used.

If Never to all items in Question 2, skip to Question 6. If any substance in Question 2 was used in the previous 3 months continue with Questions 3, 4 & 5 for each substance used.

3 During the past three months, how often have you had a strong desire or urge to use (first drug, second drug, etc.)?					
	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products	0	3	4	5	6
b. Alcoholic beverages	0	3	4	5	6
c. Marijuana	0	3	4	5	6
d. Cocaine or Crack	0	3	4	5	6
e. Prescription stimulants	0	3	4	5	6
f. Methamphetamine	0	3	4	5	6
g. Inhalants	0	3	4	5	6
h. Sedatives or sleeping pills	0	3	4	5	6
i. Hallucinogens/psychedelics	0	3	4	5	6
j. Prescription pain medication	0	3	4	5	6
k. Heroin	0	3	4	5	6
l. Other, specify:	0	3	4	5	6

4 During the past three months, how often has your use of (first drug, second drug, etc.) led to health, social, legal or financial problems?					
	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products	0	4	5	6	7
b. Alcoholic beverages	0	4	5	6	7
c. Marijuana	0	4	5	6	7
d. Cocaine or Crack	0	4	5	6	7
e. Prescription stimulants	0	4	5	6	7
f. Methamphetamine	0	4	5	6	7
g. Inhalants	0	4	5	6	7
h. Sedatives or sleeping pills	0	4	5	6	7
i. Hallucinogens/psychedelics	0	4	5	6	7
j. Prescription pain medication	0	4	5	6	7
k. Heroin	0	4	5	6	7
l. Other, specify:	0	4	5	6	7

**5** During the **past three months**, how often have you failed to do what was normally expected of you because of your use of (first drug, second drug, etc.)?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products					
b. Alcoholic beverages	0	5	6	7	8
c. Marijuana	0	5	6	7	8
d. Cocaine or Crack	0	5	6	7	8
e. Prescription stimulants	0	5	6	7	8
f. Methamphetamine	0	5	6	7	8
g. Inhalants	0	5	6	7	8
h. Sedatives or sleeping pills	0	5	6	7	8
i. Hallucinogens/psychedelics	0	5	6	7	8
j. Prescription pain medication	0	5	6	7	8
k. Heroin	0	5	6	7	8
l. Other, specify:	0	5	6	7	8

Ask Questions 6 & 7 for all substances ever used (i.e., those endorsed in Question 1).

**6** Has a friend or relative or anyone else **ever** expressed concern about your use of (first drug, second drug, etc.)?

	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products	0	6	3
b. Alcoholic beverages	0	6	3
c. Marijuana	0	6	3
d. Cocaine or Crack	0	6	3
e. Prescription stimulants	0	6	3
f. Methamphetamine	0	6	3
g. Inhalants	0	6	3
h. Sedatives or sleeping pills	0	6	3
i. Hallucinogens/psychedelics	0	6	3
j. Prescription pain medication	0	6	3
k. Heroin	0	6	3
l. Other, specify:	0	6	3

**7** Have you **ever** tried and failed to control, cut down or stop using (first drug, second drug, etc.)?

	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products	0	6	3
b. Alcoholic beverages	0	6	3
c. Marijuana	0	6	3
d. Cocaine or Crack	0	6	3
e. Prescription stimulants	0	6	3
f. Methamphetamine	0	6	3
g. Inhalants	0	6	3
h. Sedatives or sleeping pills	0	6	3
i. Hallucinogens/psychedelics	0	6	3
j. Prescription pain medication	0	6	3
k. Heroin	0	6	3
l. Other, specify:	0	6	3

**8** Have you **ever** used any drug by injection (non medical use only)?

	0	2	1
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# ASSIST Response Card

a. <b>Tobacco products</b> such as cigarettes, chewing tobacco, cigars, etc.
b. <b>Alcoholic beverages</b> such as beer, wine, hard liquor, etc.
c. <b>Marijuana</b> , pot, grass, reefer, weed, ganja, hash, chronic, gangster, joints, blunts, Mary Jane, etc.
d. <b>Cocaine or Crack</b> , coke, blow, snow, flake, toot, rock, etc.
e. <b>Prescription stimulants</b> such as Ritalin, Concerta, Adderall, Dexedrine, diet pills, etc.
f. <b>Methamphetamine</b> , uppers, speed, crystal meth, ice, chalk, glass, fire, crank, etc.
g. <b>Inhalants</b> or anything you might huff, like glue, correction fluid, gasoline, butane, paint thinner, lighter fluid, spray paint, poppers, snappers, Rush, Nitrous Oxide, laughing gas, whippets, etc.
h. <b>Sedatives or sleeping pills</b> such as Diazepam (Valium), Lorazepam (Ativan), Alprazolam (Xanax), Triazolam, Halcion, Librium, Restoril, Estazolam (ProSom), Rohypnol (roofies, roche, cope), Serepax, Seconal, pentobarbital sodium (Nembutal), Phenobarbital, mephobarbitol (Mebacut), GHB (Grievous Bodily Harm, Georgia Home Boy, Liquid X, Liquid Ecstasy), Ketamine (Special K, Vitamin K), downers, tranquilizers, sedatives, hypnotics, etc.
i. <b>Hallucinogens/psychedelics</b> , LSD (acid, Boomers, Yellow Sunshine), mushrooms, mescaline, PCP (Angel Dust, Ozone, Wack, Rocket Fuel), MDMA (Ecstasy, Molly, XTC, Adam, X), wet, illy, etc.
j. <b>Prescription pain medication</b> such as fentanyl, oxycodone, OxyContin, Percocet, hydrocodone, Vicodin, methadone, buprenorphine, codeine, Darvon, Dilaudid, Demerol, Lortab, Talwin-Nx, Tylenol-2, -3, -4, morphine, non-prescription methadone, etc.
k. <b>Heroin</b> , opium, Smack, H, Junk , Skag
l. <b>Other drug:</b> Something not listed here? Please specify: _____

## Responses for Questions 2 - 5

**Never:** not used in the last 3 months

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

**Monthly:** 1 to 3 times in one month

**Weekly:** 1 to 4 times per week

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

## Responses for Questions 6 - 8

**No, Never**

**Yes, but not in the past 3 months**

**Yes, in the past 3 months**

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