

**ASSIST-FC (Alcohol, Smoking and Substance Involvement Screening Test – Frequency & Concern Items)**

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 the past 3 months.

Psychoactive Substance Categories	1. In the past three months, how often have you used the following substances?					2. Has a friend or relative or anyone else <u>ever</u> expressed concern about your use of the substances you just mentioned (first drug, second drug, etc.)?			Substance-Specific Scores
	Never	Once or Twice	1-3 times per month	1-4 times per week	Daily or Almost Daily	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months	(sum Q1 & Q2)
a. Tobacco products such as cigarettes, snuff, chewing tobacco, cigars, etc.	0	2	3	4	6	0	6	3	
b. Alcoholic beverages such as beer, wine, hard liquor, etc.	0	2	3	4	6	0	6	3	
b.1. How often do you have 5 (male)/4 (female) or more drinks on one occasion? (see back for scoring note)*	0	2	3	4	6	X	X	X	X
	In the past three months, how often have you used the following substances?								
c. Marijuana, pot, grass, reefer, weed, ganja, hash, chronic, blunts etc.	0	2	3	4	6	0	6	3	
d. Cocaine or Crack, coke, blow, snow, flake, toot, rock, etc.	0	2	3	4	6	0	6	3	
e. Amphetamine type stimulants such as Ritalin, Concerta, Adderall, diet pills, uppers, methamphetamine, speed, crystal meth, ice, glass, fire, crank, etc.	0	2	3	4	6	0	6	3	
f. Sedatives or sleeping pills such as Valium, Ativan, Xanax, Halcion, Librium, Rohypnol (roofies, roche, cope), Serepax, Seconal, Phenobarbital, GHB (Liquid X, Liquid Ecstasy), Ketamine (Special K, Vitamin K), downers, tranquilizers, sedatives, hypnotics, etc.	0	2	3	4	6	0	6	3	
g. Prescription pain medication or Heroin, such as fentanyl, oxycodone, OxyContin, Percocet, hydrocodone, Vicodin, methadone, buprenorphine, codeine, Darvon, Dilaudid, Demerol, Tylenol-2, -3, -4, morphine, etc.	0	2	3	4	6	0	6	3	
h. Other: Ecstasy, Molly, MDMA, PCP, Hallucinogens, Inhalants, etc.	0	2	3	4	6	0	6	3	

**Scoring Procedures for All Substances.**

A score should be calculated for each substance the patient is *currently* using (used in the past 3 months).

Sum Questions 1 and 2 for each individual substance category (a-h). Note: Question 2 should only be recorded for substances identified in Question 1.

For example: Tobacco Score=Q1a+Q2a; Marijuana Score=Q1c+Q2c.

The range for each substance is 0-12.

The Score Ranges and Associated Risk Levels:

	Risk Level		
	Low	Moderate	High
<b>Alcohol Score</b>	0 - 5	6 - 8*	9 - 12
<b>All Other Substances Score</b>	0	2 - 6	7 - 12

*\*or if the patient has 5 or more (male) or 4 or more (female) drinks on one occasion.*

What the Scores Mean

Risk Level	Meaning	Provider Action
<b>Low</b>	You are at low risk of health and other problems from your current pattern of substance use.	Provide feedback and education.
<b>Moderate</b>	You are at risk of health and other problems from your current pattern of substance use.	Provide feedback and education. Conduct a Brief Intervention to help reduce risk. Where time permits, additional substance use information should be collected by administering the full ASSIST.
<b>High</b>	You may be at high risk of health and other problems from your current pattern of substance use.	Where time permits, additional substance use information should be collected by administering the full ASSIST. Provide a Brief Intervention to help reduce risk and facilitate a referral to specialist treatment.

**\*Additional Scoring Procedures for Alcohol.**

If the patient reports drinking 5 (males)/4 (females) or more drinks on one occasion (Question 1.b.1), *a brief intervention is recommended, even if the ASSIST-FC Alcohol Score is classified as Low (0-5).*

That is, if a patient scores >0 for Question 1.b.1., a brief intervention should be conducted to educate the patient on lower-risk drinking guidelines even if the ASSIST-FC Alcohol Score is Low (0-5).

Note: Standard drinks limits should be adapted to correspond with each country’s lower-risk drinking guidelines.

# ASSIST-FC

## 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>Amphetamine type stimulants</b> such as Ritalin, Concerta, Adderall, diet pills, uppers, methamphetamine, speed, crystal meth, ice, glass, fire, crank, etc
f. <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.
g. <b>Prescription pain medication or Heroin</b> , fentanyl, oxycodone, OxyContin, Percocet, hydrocodone, Vicodin, methadone, buprenorphine, codeine, Darvon, Dilaudid, Demerol, Lortab, Talwin-Nx, Tylenol-2, -3, -4, morphine, non-prescription methadone, etc.
h. <b>Other:</b> Hallucinogens, LSD, mushrooms, PCP, Ecstasy, Molly, MDMA, inhalants, etc.

### *Responses for Question 1*

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

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

**1 to 3 times per month**

**1 to 4 times per week**

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

### *Responses for Question 2*

**No, Never**

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

**Yes, in the past 3 months**

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