

Appendix A

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST v3.1)

Clinician Name	<input type="text"/>	Clinic	<input type="text"/>
Client ID or Name	<input type="text"/>	Date	<input type="text"/>

Introduction (please read to client or adapt for local circumstances)*

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 or at higher doses than prescribed, 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.

Before asking questions, give ASSIST response card to client

QUESTION 1 In your life, which of the following substances have you <i>ever</i> used (non-medical use only)?		
a Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	No	Yes
b Alcoholic beverages (beer, wine, spirits, etc.)	No	Yes
c Cannabis (marijuana, pot, grass, hash, etc.)	No	Yes
d Cocaine (coke, crack, etc.)	No	Yes
e Amphetamine-type stimulants (speed, meth, ecstasy, etc.)	No	Yes
f Inhalants (nitrous, glue, petrol, paint thinner, etc.)	No	Yes
g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	No	Yes
h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)	No	Yes
i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)	No	Yes
j Other – specify: _____	No	Yes
Probe if all answers are negative: “Not even when you were in school?”	If “No” to all items, stop interview. If “Yes” to any of these items, ask Q2 for each substance ever used	

* ASSIST V3.1 is to be utilized by for screening in clinical settings. For research purposes please use the previous version ASSIST V3.0.
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QUESTION 2 In the <i>past three months</i>, how often have you used the substances you mentioned (first drug, second drug, etc)?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
a Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	2	3	4	6
b Alcoholic beverages (beer, wine, spirits, etc.)	0	2	3	4	6
c Cannabis (marijuana, pot, grass, hash, etc.)	0	2	3	4	6
d Cocaine (coke, crack, etc.)	0	2	3	4	6
e Amphetamine-type stimulants (speed, meth, ecstasy, etc.)	0	2	3	4	6
f Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	2	3	4	6
g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	2	3	4	6
h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)	0	2	3	4	6
i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)	0	2	3	4	6
j Other – specify: _____	0	2	3	4	6

If “Never” to all items in Q2, skip to Q6.

If any substances in Q2 were used in the previous three months, continue with Questions 3, 4 & 5 for each substance used.

QUESTION 3 During the <i>past three months</i>, 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 (cigarettes, chewing tobacco, cigars, etc.)	0	3	4	5	6
b Alcoholic beverages (beer, wine, spirits, etc.)	0	3	4	5	6
c Cannabis (marijuana, pot, grass, hash, etc.)	0	3	4	5	6
d Cocaine (coke, crack, etc.)	0	3	4	5	6
e Amphetamine-type stimulants (speed, meth, ecstasy, etc.)	0	3	4	5	6
f Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3	4	5	6
g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	3	4	5	6
h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)	0	3	4	5	6
i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)	0	3	4	5	6
j Other – specify: _____	0	3	4	5	6

QUESTION 4 During the <i>past three months</i>, 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 (cigarettes, chewing tobacco, cigars, etc.)	0	4	5	6	7
b Alcoholic beverages (beer, wine, spirits, etc.)	0	4	5	6	7
c Cannabis (marijuana, pot, grass, hash, etc.)	0	4	5	6	7
d Cocaine (coke, crack, etc.)	0	4	5	6	7
e Amphetamine-type stimulants (speed, meth, ecstasy, etc.)	0	4	5	6	7
f Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	4	5	6	7
g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	4	5	6	7
h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)	0	4	5	6	7
i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)	0	4	5	6	7
j Other – specify: _____	0	4	5	6	7

QUESTION 5 During the <i>past three months</i>, 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 (beer, wine, spirits, etc.)	0	5	6	7	8
c Cannabis (marijuana, pot, grass, hash, etc.)	0	5	6	7	8
d Cocaine (coke, crack, etc.)	0	5	6	7	8
e Amphetamine-type stimulants (speed, meth, ecstasy, etc.)	0	5	6	7	8
f Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	5	6	7	8
g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	5	6	7	8
h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)	0	5	6	7	8
i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)	0	5	6	7	8
j Other – specify: _____	0	4	5	6	7
Ask questions 6 & 7 for all substances ever used (i.e. those endorsed in Q1).					

QUESTION 6 Has a friend or relative or anyone else <i>ever</i> 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 (cigarettes, chewing tobacco, cigars, etc.)	0	6	3
b Alcoholic beverages (beer, wine, spirits, etc.)	0	6	3
c Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d Cocaine (coke, crack, etc.)	0	6	3
e Amphetamine-type stimulants (speed, meth, ecstasy, etc.)	0	6	3
f Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	6	3
g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	6	3
h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)	0	6	3
i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)	0	6	3
j Other – specify: _____	0	6	3
Ask questions 6 & 7 for all substances ever used (i.e. those endorsed in Q1).			

QUESTION 7 Have you <i>ever</i> tried to cut down on using (first drug, second drug, etc) but failed?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
a Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	6	3
b Alcoholic beverages (beer, wine, spirits, etc.)	0	6	3
c Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d Cocaine (coke, crack, etc.)	0	6	3
e Amphetamine-type stimulants (speed, meth, ecstasy, etc.)	0	6	3
f Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	6	3
g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)	0	6	3
h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)	0	6	3
i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)	0	6	3
j Other – specify: _____	0	6	3
Ask questions 6 & 7 for all substances ever used (i.e. those endorsed in Q1).			

QUESTION 8 Have you <i>ever</i> used any drug by injection (non-medical use only)?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
(Please tick the appropriate box)			

IMPORTANT NOTE

Clients who have injected drugs in the last 3 months should be asked about their pattern of injecting during this period, to determine their risk levels and the best course of intervention.

Pattern of injecting

4 days per month, on average, over the last 3 months or less

More than 4 days per month, on average, over the last 3 months

Intervention guidelines

Brief intervention including the risks of injecting card

Further assessment and more intensive treatment

How to calculate a specific substance involvement score.

For each substance (labelled ‘a’ to ‘j’) add up the scores received for questions 2 through 7 inclusive. Do not include the results from either Q1 or Q8 in this score. For example, a score for cannabis would be calculated as: **Q2c + Q3c + Q4c + Q5c + Q6c + Q7c.**

Note that Q5 for tobacco is not coded, and is calculated as: **Q2a + Q3a + Q4a + Q6a + Q7a**.

The type of intervention is determined by the patient's specific substance involvement score				
	Record specific substance score	No intervention	Receive brief intervention	More intensive treatment
a Tobacco		0 – 3	4 – 26	27+
b Alcohol		0 – 10	11 – 26	27+
c Cannabis		0 – 3	4 – 26	27+
d Cocaine		0 – 3	4 – 26	27+
e ATS		0 – 3	4 – 26	27+
f Inhalants		0 – 3	4 – 26	27+
g Sedatives		0 – 3	4 – 26	27+
h Hallucinogens		0 – 3	4 – 26	27+
i Opioids		0 – 3	4 – 26	27+
j Other drugs		0 – 3	4 – 26	27+

Now use ASSIST feedback report card to give client brief intervention.

Appendix B

ASSIST v3.1 response card

RESPONSE CARD Substances
a Tobacco products (cigarettes, chewing tobacco, cigars, etc.)
b Alcoholic beverages (beer, wine, spirits, etc.)
c Cannabis (marijuana, pot, grass, hash, etc.)
d Cocaine (coke, crack, etc.)
e Amphetamine-type stimulants (speed, meth, ecstasy, etc.)
f Inhalants (nitrous, glue, petrol, paint thinner, etc.)
g Sedatives or sleeping pills (diazepam, alprazolam, flunitrazepam, midazolam, etc.)
h Hallucinogens (LSD, acid, mushrooms, trips, ketamine, etc.)
i Opioids (heroin, morphine, methadone, buprenorphine, codeine, etc.)
j Other – specify: _____

RESPONSE CARD Frequency responses	
<p>Response card Last 3 months (ASSIST questions 2 to 5)</p> <ul style="list-style-type: none"> ! 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. 	<p>Response card Lifetime (ASSIST questions 6 to 8)</p> <ul style="list-style-type: none"> ! No, never. ! Yes, but not in the past 3 months. ! Yes, in the past 3 months.

Appendix C

ASSIST v3.1 feedback report card

Client ID or Name

Date

Specific substance involvement scores	Score	Risk Level	
a Tobacco products		0 – 3 4 – 26 27+	Lower Moderate High
b Alcoholic beverages		0 – 10 11 – 26 27+	Lower Moderate High
c Cannabis		0 – 3 4 – 26 27+	Lower Moderate High
d Cocaine		0 – 3 4 – 26 27+	Lower Moderate High
e Amphetamine-type stimulants		0 – 3 4 – 26 27+	Lower Moderate High
f Inhalants		0 – 3 4 – 26 27+	Lower Moderate High
g Sedatives or sleeping pills		0 – 3 4 – 26 27+	Lower Moderate High
h Hallucinogens		0 – 3 4 – 26 27+	Lower Moderate High
i Opioids		0 – 3 4 – 26 27+	Lower Moderate High
j Other – specify: _____		0 – 3 4 – 26 27+	Lower Moderate High

What do your scores mean?

Lower: You are at lower risk of health and other problems from your current pattern of use.

Moderate: You are at moderate risk of health and other problems from your current pattern of substance use.

High: You are at high risk of experiencing severe problems (health, social, financial, legal, relationship) as a result of your current pattern of use and are likely to be dependent.

Are you concerned about your substance use?

A | Tobacco

Your risk of experiencing these harms is (tick one):

Lower Moderate High

Regular tobacco smoking is associated with:

<input type="checkbox"/>	Premature ageing and wrinkling of the skin
<input type="checkbox"/>	Low fitness and longer recovery times after having a cold or flu
<input type="checkbox"/>	Respiratory infections and asthma
<input type="checkbox"/>	High blood pressure and diabetes mellitus
<input type="checkbox"/>	Miscarriage, premature labour and low birth weight babies for pregnant women
<input type="checkbox"/>	Kidney disease
<input type="checkbox"/>	Chronic obstructive pulmonary diseases including emphysema
<input type="checkbox"/>	Heart disease, stroke and vascular diseases
<input type="checkbox"/>	Cancers of lung, bladder, breast, mouth, throat and oesophagus

B | Alcohol

Your risk of experiencing these harms is (tick one):

Lower Moderate High

Regular excessive alcohol use is associated with:

<input type="checkbox"/>	Hangovers, aggressive and violent behaviour, accidents and injury, nausea and vomiting
<input type="checkbox"/>	Reduced sexual performance and premature ageing
<input type="checkbox"/>	Digestive problems, ulcers, inflammation of the pancreas and high blood pressure
<input type="checkbox"/>	Anxiety and depression, relationship difficulties, and financial and work problems
<input type="checkbox"/>	Difficulty remembering things and solving problems
<input type="checkbox"/>	Birth defects and brain damage in babies of pregnant women
<input type="checkbox"/>	Permanent brain damage leading to memory loss, cognitive deficits and disorientation
<input type="checkbox"/>	Stroke, muscle and nerve damage
<input type="checkbox"/>	Liver and pancreas diseases
<input type="checkbox"/>	Cancers of the mouth, throat and breast
<input type="checkbox"/>	Suicide

C Cannabis			
Your risk of experiencing these harms is (tick one):			
Lower <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	
Regular use of cannabis is associated with:			
<input type="checkbox"/>	Problems with attention and motivation		
<input type="checkbox"/>	Anxiety, paranoia, panic and depression		
<input type="checkbox"/>	Decreased memory and problem solving ability		
<input type="checkbox"/>	High blood pressure		
<input type="checkbox"/>	Asthma and bronchitis		
<input type="checkbox"/>	Psychotic symptoms and psychoses particularly in those with a personal or family history of schizophrenia		
<input type="checkbox"/>	Heart disease and chronic obstructive pulmonary disease		
<input type="checkbox"/>	Cancers of the upper airway and throat		

D Cocaine			
Your risk of experiencing these harms is (tick one):			
Lower <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	
Regular use of cocaine is associated with:			
<input type="checkbox"/>	Difficulty sleeping, heart racing, headaches and weight loss		
<input type="checkbox"/>	Numbness, tingling, clammy skin and skin scratching or picking		
<input type="checkbox"/>	Intense craving and stress from the lifestyle		
<input type="checkbox"/>	Accidents and injury and financial problems		
<input type="checkbox"/>	Mood swings – anxiety, depression and mania		
<input type="checkbox"/>	Paranoia, irrational thoughts and difficulty remembering things		
<input type="checkbox"/>	Aggressive and violent behaviour		
<input type="checkbox"/>	Psychosis after repeated use of high doses		
<input type="checkbox"/>	Sudden death from cardiovascular acute conditions		

E Amphetamine-type stimulants			
Your risk of experiencing these harms is (tick one):			
Lower <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	
Regular use of amphetamine-type stimulants is associated with:			
<input type="checkbox"/>	Difficulty sleeping, loss of appetite and weight loss, dehydration and reduced resistance to infection		
<input type="checkbox"/>	Jaw clenching, headaches and muscle pain		
<input type="checkbox"/>	Mood swings – anxiety, depression, agitation, mania and panic		
<input type="checkbox"/>	Tremors, irregular heartbeat and shortness of breath		
<input type="checkbox"/>	Difficulty concentrating and remembering things		
<input type="checkbox"/>	Paranoia, aggressive and violent behaviour		
<input type="checkbox"/>	Psychosis after repeated use of high doses		
<input type="checkbox"/>	Permanent damage to brain cells		
<input type="checkbox"/>	Liver damage, brain haemorrhage and sudden death from cardiovascular acute conditions		

F Inhalants			
Your risk of experiencing these harms is (tick one):			
Lower <input type="checkbox"/>	Moderate <input type="checkbox"/>	High <input type="checkbox"/>	
Regular use of inhalant is associated with:			
<input type="checkbox"/>	Flu like symptoms, sinusitis and nosebleeds		
<input type="checkbox"/>	Nausea and vomiting, indigestion, stomach ulcers and diarrhoea		
<input type="checkbox"/>	Dizziness and hallucinations, nausea, drowsiness, disorientation and blurred vision		
<input type="checkbox"/>	Headaches, accidents and injury, unpredictable and dangerous behaviour		
<input type="checkbox"/>	Coordination difficulties, slowed reactions and poor oxygen supply to the body		
<input type="checkbox"/>	Memory loss, confusion, depression, aggression and extreme tiredness		
<input type="checkbox"/>	Delirium, seizures, coma and organ damage (heart, lungs, liver, kidneys)		
<input type="checkbox"/>	Death from heart failure		

G Sedatives or sleeping pills			
Your risk of experiencing these harms is (tick one):			
Lower	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
		High	<input type="checkbox"/>
Regular use of sedatives is associated with:			
	Drowsiness, dizziness and confusion		
	Difficulty concentrating and remembering things		
	Nausea, headaches and unsteady gait		
	Sleeping problems		
	Anxiety and depression		
	Tolerance and dependence after a short period of use		
	Severe withdrawal symptoms		
	Overdose and death if used with alcohol, opioids or other depressant drugs		

I Opioids			
Your risk of experiencing these harms is (tick one):			
Lower	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
		High	<input type="checkbox"/>
Regular use of opioids is associated with:			
	Itching, nausea and vomiting		
	Drowsiness, constipation, tooth decay and irregular menstrual periods		
	Difficulty concentrating and remembering things		
	Depression, reduced libido and impotence		
	Financial difficulties and criminal offences		
	Relationship stress		
	Problems maintaining work and family life		
	Tolerance, dependence and withdrawal symptoms		
	Overdose and death from respiratory failure		

H Hallucinogens			
Your risk of experiencing these harms is (tick one):			
Lower	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
		High	<input type="checkbox"/>
Regular use of hallucinogens is associated with:			
	Visual, auditory, tactile and olfactory changes and unpredictable behaviour		
	Difficulty sleeping		
	Nausea and vomiting		
	Increased heart rate and blood pressure		
	Mood swings		
	Anxiety, panic and paranoia		
	Flash-backs		
	Worsen the symptoms of mental illnesses such as schizophrenia		