ASSIST-based Assessment

Today's Date: _____ Patient's Name: _____ Date of Birth: _____

Directions

1. Read or paraphrase the introduction.
2. Give the ***Substance Use Response and Report Card for Patients*** to the patient before asking the first question. Explain that the patient can refer to the card throughout the interview. (The introduction includes a prompt to hand the patient the card.)
3. Ask the questions. You may be prompted to end the assessment (after Question 1) or to skip questions (after Question 2) depending on patient responses. Check the box in the appropriate column for each drug used.

See the ***Substance Use Disorder Care Process Model (CPM)*** for additional direction and scoring guidelines.

Introduction (read to patient or paraphrase)

Thank you for agreeing to take part in this brief interview about alcohol, tobacco products, and other drugs. I am going to ask you some questions about your experience using these substances across your lifetime and in the past 3 months. These substances can be smoked, swallowed, snorted, inhaled, injected, or taken in the form of pills [show drug card].

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, and pain medications). For this interview, we will not record medications that are used as prescribed by your doctor. However, if you have taken these medications for reasons other than prescription, or if you have 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.

Assessment Questions

Question 1: In your **life**, which of the following substances have you ever used? (NON-MEDICAL USE ONLY)	No	Yes
a. Tobacco products (cigarettes, e-cigarettes, chewing tobacco, cigars, etc.)	☐ 0	☐ 3
b. Alcoholic beverages (beer, wine, spirits, etc.)	☐ 0	☐ 3
c. Cannabis (marijuana, pot, grass, hash, etc.)	☐ 0	☐ 3
d. Cocaine (coke, crack, etc.)	☐ 0	☐ 3
e. Amphetamine-type stimulants (speed, diet pills, ecstacy, etc.)	☐ 0	☐ 3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	☐ 0	☐ 3
g. Sedatives or sleeping pills (Valium, Serepax, Rohypnol, etc.)	☐ 0	☐ 3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	☐ 0	☐ 3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	☐ 0	☐ 3
j. Other – specify:	☐ 0	☐ 3

Directions:

If "No" to all items, stop interview (unless clinical suspicion of deception or positive response on NIDA or other screen contradicts responses).

If yes to any of the items, ask Question 2 for each substance ever used.

Based on *The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) v3.1.* © World Health Organization, 2010. http://whqlibdoc.who.int/publications/2010/9789241599382_eng.pdf

Question 2: In the **past 3 months**, 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, e-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, diet pills, ecstacy, etc.)	☐ 0	☐ 2	☐ 3	☐ 4	☐ 6
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	☐ 0	☐ 2	☐ 3	☐ 4	☐ 6
g. Sedatives or sleeping pills (Valium, Serepax, Rohypnol, etc.)	☐ 0	☐ 2	☐ 3	☐ 4	☐ 6
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	☐ 0	☐ 2	☐ 3	☐ 4	☐ 6
i. Opioids (heroin, morphine, methadone, codeine, etc.)	☐ 0	☐ 2	☐ 3	☐ 4	☐ 6
j. Other – specify:	☐ 0	☐ 2	☐ 3	☐ 4	☐ 6

Directions and notes:

If "Never" to all items, skip to Question 6.

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

Question 3: During the **past 3 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 (cigarettes, e-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, diet pills, ecstacy, etc.)	☐ 0	☐ 3	☐ 4	☐ 5	☐ 6
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	☐ 0	☐ 3	☐ 4	☐ 5	☐ 6
g. Sedatives or sleeping pills (Valium, Serepax, Rohypnol, etc.)	☐ 0	☐ 3	☐ 4	☐ 5	☐ 6
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	☐ 0	☐ 3	☐ 4	☐ 5	☐ 6
i. Opioids (heroin, morphine, methadone, codeine, etc.)	☐ 0	☐ 3	☐ 4	☐ 5	☐ 6
j. Other – specify:	☐ 0	☐ 3	☐ 4	☐ 5	☐ 6

Question 4: During the **past 3 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 (cigarettes, e-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, diet pills, ecstacy, etc.)	☐ 0	☐ 4	☐ 5	☐ 6	☐ 7
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	☐ 0	☐ 4	☐ 5	☐ 6	☐ 7
g. Sedatives or sleeping pills (Valium, Serepax, Rohypnol, etc.)	☐ 0	☐ 4	☐ 5	☐ 6	☐ 7
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	☐ 0	☐ 4	☐ 5	☐ 6	☐ 7
i. Opioids (heroin, morphine, methadone, codeine, etc.)	☐ 0	☐ 4	☐ 5	☐ 6	☐ 7
j. Other – specify:	☐ 0	☐ 4	☐ 5	☐ 6	☐ 7

Question 5: In the **past 3 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 (cigarettes, e-cigarettes, chewing tobacco, cigars, etc.)			**NA**		
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, diet pills, ecstacy, etc.)	☐ 0	☐ 5	☐ 6	☐ 7	☐ 8
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	☐ 0	☐ 5	☐ 6	☐ 7	☐ 8
g. Sedatives or sleeping pills (Valium, Serepax, Rohypnol, etc.)	☐ 0	☐ 5	☐ 6	☐ 7	☐ 8
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	☐ 0	☐ 5	☐ 6	☐ 7	☐ 8
i. Opioids (heroin, morphine, methadone, codeine, etc.)	☐ 0	☐ 5	☐ 6	☐ 7	☐ 8
j. Other – specify:	☐ 0	☐ 5	☐ 6	☐ 7	☐ 8

Directions and notes: Ask Questions 6 and 7 for all substance ever used (those endorsed in Question 1).

Question 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 (cigarettes, e-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, diet pills, ecstacy, etc.)	☐ 0	☐ 6	☐ 3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	☐ 0	☐ 6	☐ 3
g. Sedatives or sleeping pills (Valium, Serepax, Rohypnol, etc.)	☐ 0	☐ 6	☐ 3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	☐ 0	☐ 6	☐ 3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	☐ 0	☐ 6	☐ 3
j. Other – specify:	☐ 0	☐ 6	☐ 3

Question 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 (cigarettes, e-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, diet pills, ecstacy, etc.)	☐ 0	☐ 6	☐ 3
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	☐ 0	☐ 6	☐ 3
g. Sedatives or sleeping pills (Valium, Serepax, Rohypnol, etc.)	☐ 0	☐ 6	☐ 3
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	☐ 0	☐ 6	☐ 3
i. Opioids (heroin, morphine, methadone, codeine, etc.)	☐ 0	☐ 6	☐ 3
j. Other – specify:	☐ 0	☐ 6	☐ 3

Question 8:	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
Have you **ever** used any drug by injection? (NON-MEDICAL USE ONLY)	☐ 0	☐ 2	☐ 1

Important Note: Patients 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. Intervene based on pattern of injecting:

- Once weekly or less OR fewer than 3 days in a row → Brief intervention.
- More than once per week OR 3 or more days in a row → Further assessment and more intensive treatment.

Scoring the ASSIST

- For each substance (labelled a. to j.), add up the scores received for Questions 2 through 7. Do not include the results from either Question 1 or Question 8 in this score.
- Example scoring for cannabis: Q2c + Q3c + Q4c + Q5c + Q6c + Q7c
- Question 5 for tobacco is not coded; score tobacco as: Q2a + Q3a + Q4a + Q6a + Q7a
- Write the patient's scores below and on their ***Substance Use Response and Report Card for Patients*** and circle their risk level as part of the intervention.

	Record specific substance score	No intervention	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. Amphetamine		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		0–3	4–26	27+

*Further assessment and more intensive treatment may be provided by the health professional(s) within your primary care setting, or by a specialist drug and alcohol treatment service when available.

Clinician's Signature: _____ Date: _____ Time: _____