

ASSIST Screening Tool

Screening for Individuals

Question 1

In your life, which of the following substances have you ever used? (Non-medical use only)

No=0

Yes=3

- 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, diet pills, ecstasy, etc.)
- f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)
- g. Sedatives or Sleeping pills (Valium, Serepax, Rohypnol, etc.)
- h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)
- i. Opioids (heroin, morphine, methadone, codeine, etc.)
- j. Other- specify

*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 Question 2 for each substance ever used.

Question 2

In the past three months, how often have you used the substances you mentioned (first drug, second drug, etc.)?

Never=0

Once or Twice=2

Monthly=3

Weekly=4

Daily or Almost Daily=6

- 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, diet pills, ecstasy, etc.)
- f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)
- g. Sedatives or Sleeping pills (Valium, Serepax, Rohypnol, etc.)
- h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)

- i. Opioids (heroin, morphine, methadone, codeine, etc.)
- j. Other- specify

If “Never” to all items in Question 2, skip to Question 6.

If any substances in Question 2 were used in the previous 3 months, continue with Questions 3, 4, & 5 for each substance used.

Question 3

During the past three months, how often have you had a strong desire or urge to use (first drug, second drug, etc.)?

Never=0

Once or Twice=3

Monthly=4

Weekly=5

Daily or Almost Daily=6

- 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, diet pills, ecstasy, etc.)
- f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)
- g. Sedatives or Sleeping pills (Valium, Serepax, Rohypnol, etc.)
- h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)
- i. Opioids (heroin, morphine, methadone, codeine, etc.)
- j. Other- specify

Question 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=0

Once or Twice=4

Monthly=5

Weekly=6

Daily or Almost Daily=7

- 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, diet pills, ecstasy, etc.)
- f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)
- g. Sedatives or Sleeping pills (Valium, Serepax, Rohypnol, etc.)
- h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)
- i. Opioids (heroin, morphine, methadone, codeine, etc.)
- j. Other- specify

Question 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=0

Once or Twice=5

Monthly=6

Weekly=7

Daily or Almost Daily=8

- 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, diet pills, ecstasy, etc.)
- f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)
- g. Sedatives or Sleeping pills (Valium, Serepax, Rohypnol, etc.)
- h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)
- i. Opioids (heroin, morphine, methadone, codeine, etc.)
- j. Other- specify

Ask Questions 6 & 7 for all substances ever used (i.e. 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=0

Yes- in the past 3 months=6

Yes- but not in the past 3 months=3

- 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, diet pills, ecstasy, etc.)

- f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)
- g. Sedatives or Sleeping pills (Valium, Serepax, Rohypnol, etc.)
- h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)
- i. Opioids (heroin, morphine, methadone, codeine, etc.)
- j. Other- specify

Question 7

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

No never=0

Yes- in the past 3 months=6

Yes- but not in the past 3 months=3

- 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, diet pills, ecstasy, etc.)
- f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)
- g. Sedatives or Sleeping pills (Valium, Serepax, Rohypnol, etc.)
- h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)
- i. Opioids (heroin, morphine, methadone, codeine, etc.)
- j. Other- specify

Question 8

Have you ever used any drug by injection? (Non-medical use only)

No never=0

Yes- in the past 3 months=2

Yes- but not in the past 3 months=1

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.

Screening for Friends/Loved Ones

Based on your observations and/or experiences with your friend/loved one, please answer the following questions to the best of your ability.

Question 1

In your friend/loved one's life, which of the following substances have they ever used? (Non-medical use only)

No=0

Yes=3

- 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, diet pills, ecstasy, etc.)
- f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)
- g. Sedatives or Sleeping pills (Valium, Serepax, Rohypnol, etc.)
- h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)
- i. Opioids (heroin, morphine, methadone, codeine, etc.)
- j. Other- specify

If "No" to all items, stop interview.

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

Question 2

In the past three months, how often has your friend/loved one used the substances you mentioned (first drug, second drug, etc.)?

Never=0

Once or Twice=2

Monthly=3

Weekly=4

Daily or Almost Daily=6

- 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, diet pills, ecstasy, etc.)
- f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)
- g. Sedatives or Sleeping pills (Valium, Serepax, Rohypnol, etc.)
- h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)

- i. Opioids (heroin, morphine, methadone, codeine, etc.)
- j. Other- specify

If “Never” to all items in Question 2, skip to Question 6.

If any substances in Question 2 were used in the previous 3 months, continue with Questions 3, 4, & 5 for each substance used.

Question 3

During the past three months, how often has your friend/loved one had a strong desire or urge to use (first drug, second drug, etc.)?

Never=0

Once or Twice=3

Monthly=4

Weekly=5

Daily or Almost Daily=6

- 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, diet pills, ecstasy, etc.)
- f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)
- g. Sedatives or Sleeping pills (Valium, Serepax, Rohypnol, etc.)
- h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)
- i. Opioids (heroin, morphine, methadone, codeine, etc.)
- j. Other- specify

Question 4

During the past three months, how often has your friend/loved one’s use of (first drug, second drug, etc.) led to health, social, legal or financial problems?

Never=0

Once or Twice=4

Monthly=5

Weekly=6

Daily or Almost Daily=7

- 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, diet pills, ecstasy, etc.)
- f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)
- g. Sedatives or Sleeping pills (Valium, Serepax, Rohypnol, etc.)
- h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)
- i. Opioids (heroin, morphine, methadone, codeine, etc.)
- j. Other- specify

Question 5

During the past three months, how often has your friend/loved one failed to do what was normally expected of them because of their use of (first drug, second drug, etc.)?

Never=0

Once or Twice=5

Monthly=6

Weekly=7

Daily or Almost Daily=8

- 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, diet pills, ecstasy, etc.)
- f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)
- g. Sedatives or Sleeping pills (Valium, Serepax, Rohypnol, etc.)
- h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)
- i. Opioids (heroin, morphine, methadone, codeine, etc.)
- j. Other- specify

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

Question 6

Has another friend or relative or anyone else ever expressed concern about the friend/loved one's use of (first drug, second drug, etc.)?

No never=0

Yes- in the past 3 months=6

Yes- but not in the past 3 months=3

- 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, diet pills, ecstasy, etc.)

- f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)
- g. Sedatives or Sleeping pills (Valium, Serepax, Rohypnol, etc.)
- h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)
- i. Opioids (heroin, morphine, methadone, codeine, etc.)
- j. Other- specify

Question 7

Has the friend/loved one ever tried and failed to control, cut down or stop using (first drug, second drug, etc.)?

No never=0

Yes- in the past 3 months=6

Yes- but not in the past 3 months=3

- 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, diet pills, ecstasy, etc.)
- f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)
- g. Sedatives or Sleeping pills (Valium, Serepax, Rohypnol, etc.)
- h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)
- i. Opioids (heroin, morphine, methadone, codeine, etc.)
- j. Other- specify

Question 8

Has the friend/loved one ever used any drug by injection? (Non-medical use only)

No never=0

Yes- in the past 3 months=2

Yes- but not in the past 3 months=1

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.