

Alcohol, smoking and substance involvement screening (ASSIST)

Purpose: to screen for hazardous, harmful and dependent use of alcohol, tobacco and other psychoactive drugs.

Consumer

Name:

Date of Birth: dd/mm/yyyy / /

Sex:

UR Number:

or affix label here

Introduction (Please read to consumer)

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 of using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills. 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

	Score Legend	A	B	C	D	E	F	G	H	I	J
		Tobacco (Cigarettes, chewing tobacco, cigars)	Alcohol (Beer, wine, spirits)	Cannabis (Marijuana, pot, grass, hash)	Cocaine (Coke, crack)	Amphetamine Type Stimulants (Speed, meth, ice, ecstasy)	Inhalants (Nitrous, glue, petrol, paint thinner)	Sedatives (Valium, Serenax, Rohypnol)	Hallucinogens (LSD, acid, mushrooms, trips, ketamine)	Opioids (Heroin, morphine, methadone, codeine)	J.Other (Kava, GHB, excess caffeine)
Q1. In your life which of the following substances have you ever used?	Circle YES or NO for each substance. For substances answered YES complete Q2-Q8 if no to all stop interview	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q2. In the past 3 months, how often have you used _____ (the substances answered YES in Q1)?	0 – never 2 – once/twice 3 – monthly 4 – weekly 6 – daily/almost daily										
Q3. During the past 3 months, how often have you had a strong desire or urge to use _____?	0 – never 3 – once/twice 4 – monthly 5 – weekly 6 – daily/almost daily										
Q4. During the past three months how often has your use of _____ led to health, social, legal or financial problems?	0 – never 4 – once/twice 5 – monthly 6 – weekly 7 – daily/almost daily										
Q5. During the past 3 months how often have you failed to do what was normally expected of you because of your use of _____?	0 – never 5 – once/twice 6 – monthly 7 – weekly 8 – daily/almost daily										
Q6. Has a friend or relative or anyone else ever expressed concern about your use of _____?	0 – never 6 – yes in past 3 months 3 – yes not in past 3 months										
Q7. Have you ever tried and failed to control, cut down or stop using _____?	0 – never 6 – yes in past 3 months 3 – yes not in past 3 months										
Q8. Have you ever used any drug by injection (non-medical use)?		If YES, ask about use in past 3 months and pattern of injecting: If injecting less than 4 times a month in the last 3 months → Provide Brief Intervention plus 'Injecting Risks' card If injecting more than 4 times a month in the last 3 months → Further assessment & more intensive treatment									
Total											

Calculate the score: For each substance (labeled 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 the 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

Interpret the score		
Risk	Low (Drugs 0-3, alcohol 0-10)	High (27 or above)
Treatment	None required	Further assessment consultation with alcohol and other drug services
Referral	No referral	Urgent referral

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This information collected by:		ASSIST pg 1 of 1	
Name:	Position/Agency:		
Sign:	Date: dd/mm/yyyy / /	Contact number:	