

ASSIST QUESTIONNAIRE

Client ID: _____

1. In your life, which of the following substance(s) have you ever used? →

	a. Tobacco	b. Alcoholic Beverages	c. Marijuana	d. Cocaine	e. Opioids	f. Sedative	g. Ampheta- mines	h. Hallucin- ogens	i. Inhalants	j. *Other Specify
	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>

2. In the past three months, how often have you used the substances you mentioned?

NEVER	0	0	0	0	0	0	0	0	0	0
ONCE OR TWICE	2	2	2	2	2	2	2	2	2	2
MONTHLY	3	3	3	3	3	3	3	3	3	3
WEEKLY	4	4	4	4	4	4	4	4	4	4
DAILY OR ALMOST DAILY	6	6	6	6	6	6	6	6	6	6

3. In the past 3 months, how often have you had a strong desire or urge to use _____?

NEVER	0	0	0	0	0	0	0	0	0	0
ONCE OR TWICE	3	3	3	3	3	3	3	3	3	3
MONTHLY	4	4	4	4	4	4	4	4	4	4
WEEKLY	5	5	5	5	5	5	5	5	5	5
DAILY OR ALMOST DAILY	6	6	6	6	6	6	6	6	6	6

4. In the past 3 months, how often has your use of _____ led to health, social, legal, or financial problems?

NEVER	0	0	0	0	0	0	0	0	0	0
ONCE OR TWICE	4	4	4	4	4	4	4	4	4	4
MONTHLY	5	5	5	5	5	5	5	5	5	5
WEEKLY	6	6	6	6	6	6	6	6	6	6
DAILY OR ALMOST DAILY	7	7	7	7	7	7	7	7	7	7

5. In the past 3 months, how often have you failed to do what was normally expected of you because of your use of _____?

NEVER	0	0	0	0	0	0	0	0	0	0
ONCE OR TWICE	5	5	5	5	5	5	5	5	5	5
MONTHLY	6	6	6	6	6	6	6	6	6	6
WEEKLY	7	7	7	7	7	7	7	7	7	7
DAILY OR ALMOST DAILY	8	8	8	8	8	8	8	8	8	8

6. Has a friend or relative or anyone **ever** expressed concern about your use of _____?

NO, NEVER	0	0	0	0	0	0	0	0	0	0
YES, IN THE PAST 3 MONTHS	6	6	6	6	6	6	6	6	6	6
YES, BUT NOT IN THE PAST 3 MONTHS	3	3	3	3	3	3	3	3	3	3

7. Have you **ever** tried and failed to control, cut down, or stop using _____?

NO, NEVER	0	0	0	0	0	0	0	0	0	0
YES, IN THE PAST 3 MONTHS	6	6	6	6	6	6	6	6	6	6
YES, BUT NOT IN THE PAST 3 MONTHS	3	3	3	3	3	3	3	3	3	3
TOTAL OF Q. 2 – 7 →	---	---	---	---	---	---	---	---	---	---

Supplemental Question: Have you ever used any drug by injection? NON-MEDICAL USE ONLY.

	0-No	2-Yes, in the past three months	1-Yes, but not in the past three months		*Specify "Other" Drugs here:
--	------	---------------------------------	---	--	-------------------------------------

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.

INTERVENTION GUIDELINES FOR INJECTING:

- Once weekly or less or fewer than 3 days in a row:
 - ➔ Brief Intervention including "risks associated with injecting" card
- More than once per week or 3 or more days in a row:
 - ➔ Further assessment and more intensive treatment.

Common Names for Drugs Alcoholic beverages - (beer, wine, spirits, etc) Marijuana (Cannabis, pot grass, hash, etc) Cocaine (coke, crack, etc) Opioids (heroin, morphine, methadone, codeine, etc)	Common Names for Drugs Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc) Amphetamine type stimulants (speed, diet pills, ecstasy, etc) Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc) Inhalants (nitrous, glue, petrol, paint thinner, etc)
--	--

HOW TO CALCULATE A SPECIFIC SUBSTANCE INVOLVEMENT 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 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 intervention
a. tobacco		0-3	4-26	27+
b. alcohol		0-10	11-26	27+
c. marijuana		0-3	4-26	27+
d. cocaine		0-3	4-26	27+
e. opioids		0-3	4-26	27+
f. sedatives		0-3	4-26	27+
g. amphetamine		0-3	4-26	27+
h. hallucinogens		0-3	4-26	27+
i. inhalants		0-3	4-26	27+
j. other drugs		0-3	4-26	27+