

Alcohol, Smoking and Substance Involvement Screening Test – Lite (ASSIST-Lite)

These questions ask about psychoactive substances in the **past 3 months only**

Tobacco	1. Did you smoke a cigarette containing tobacco?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
	1a. Did you usually smoke more than 10 cigarettes each day?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
	1b. Did you usually smoke within 30 minutes after waking?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
	Sub-total:		
Alcohol	2. Did you have a drink containing alcohol?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
	2a. On any occasion, did you drink more than 4 standard drinks of alcohol?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
	2b. Have you tried and failed to control, cut down or stop drinking?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
	2c. Has anyone expressed concern about your drinking?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
Sub-total:			
Cannabis	3. Did you use cannabis?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
	3a. Have you had a strong desire or urge to use cannabis at least once a week or more often?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
	3b. Has anyone expressed concern about your use of cannabis?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
Sub-total:			
Amphetamine-type stimulants	4. Did you use an amphetamine-type stimulant, or cocaine, or a stimulant medication not as prescribed?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
	4a. Did you use a stimulant at least once each week or more often?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
	4b. Has anyone expressed concern about your use of a stimulant?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
Sub-total:			
Sedatives	5. Did you use a sedative or sleeping medication not as prescribed?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
	5a. Have you had a strong desire or urge to use a sedative or sleeping medication at least once a week or more often?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
	5b. Has anyone expressed concern about your use of a sedative or sleeping medication?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
Sub-total:			
Opioids	6. Did you use a street opioid (e.g. heroin), or an opioid-containing medication not as prescribed?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
	6a. Have you tried and failed to control, cut down or stop using an opioid?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
	6b. Has anyone expressed concern about your use of an opioid?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
Sub-total:			
Other Substances	7. Did you use any other psychoactive altering substance?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
	<i>What did you take?</i>		
	7a. Have you had a strong desire or urge to use the prescribed drug at least once a week or more often?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
	7b. Has anyone expressed concern about your use of the prescribed drug?	Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 0
Sub-total:		<i>Not scored</i>	
Total Score:			

Scoring and interpretation: For questions 1- 7, score 1 point for each question answered “yes”. A substance score is calculated by summing the points obtained for that substance. For each substance the minimum total score possible is 0, and the maximum total score possible is 3 (i.e. total score range for each substance is 0-3). Question 7 is not scored but may prompt further assessment.

ASSIST-Lite score interpretation

Drug of Concern	Risk		
	Low	Moderate	High
Alcohol	0-1	2	3-4
Tobacco, Cannabis, Stimulants, Sedatives & Opioids	0	1-2	3

Tool citation: Ali, R., Meena, S., Eastwood, B., Richards, I., and Marsden, J. *Ultra-rapid screening for substance-use disorders: the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST-Lite)*. Journal of Drug and Alcohol Dependence, 2013. **132**(1-2): 352-361.

Further information: Fischer, J.A., Roche, A.M., and Duraisingam, V. *Alcohol, Smoking and Substance Involvement Screening Test (ASSIST-Lite) tool: description, strengths and knowledge gaps. AOD Screening and Withdrawal Tools Collection*. 2021, National Centre for Education and Training on Addiction (NCETA), Flinders University: Adelaide, South Australia.