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