Alcohol, Smoking and Substance Involvement Test (ASSIST)

Administrator script:
I am going to ask you some questions about your experience of using a range of substances across your lifetime and in the past three months. 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.

Q.1 Tobacco products (cigarettes, chewing tobacco, cigars, etc.)

1.a	In your life have you ever used tobacco products (cigarettes, chewing tobacco, cigars, etc.)?				No - ***Go to Q2*** ☐ 0	Yes ☐ 1
1.b	In the past three months, how often have you used tobacco?					
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
1.c	In the past three months, how often have you had a strong desire or urge to use tobacco?					
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
1.d	In the past three months, how often has your use of tobacco led to health, social, legal or financial problems?					
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
1.e	During the past three months, how often have you failed to do what was normally expected of you because of your use of tobacco?					
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
1.f	Has a friend or relative or anyone else ever expressed concern about your use of tobacco?					
	No, Never ☐ 0		Yes, in the past 3 months ☐ 6		Yes, but not in the past 3 months ☐ 3	
1.g	Have you ever tried and failed to control, cut down or stop using tobacco?					
	No, Never ☐ 0		Yes, in the past 3 months ☐ 6		Yes, but not in the past 3 months ☐ 3	
					Tobacco Score:	

Q.2 Alcoholic beverages (beer, wine, spirits, etc.)

2.a	In your life have you ever used alcohol beverages (beer, wine, spirits, etc.)?				No - ***Go to Q3*** ☐ 0	Yes ☐ 1
2.b	In the past three months, how often have you used alcohol?					
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
2.c	In the past three months, how often have you had a strong desire or urge to use alcohol?					
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
2.d	In the past three months, how often has your use of alcohol led to health, social, legal or financial problems?					
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
2.e	During the past three months, how often have you failed to do what was normally expected of you because of your use of alcohol?					
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
2.f	Has a friend or relative or anyone else ever expressed concern about your use of alcohol?					
	No, Never ☐ 0		Yes, in the past 3 months ☐ 6		Yes, but not in the past 3 months ☐ 3	
2.g	Have you ever tried and failed to control, cut down or stop using alcohol?					
	No, Never ☐ 0		Yes, in the past 3 months ☐ 6		Yes, but not in the past 3 months ☐ 3	
					Alcoholic Beverages Score:	

Q.3 Cannabis (marijuana, pot, grass, hash, etc.)

3.a	In your life have you ever used cannabis (marijuana, pot, grass, hash, etc.)?				No - ***Go to Q4*** 0	Yes 1
3.b	In the past three months, how often have you used cannabis?					
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
3.c	In the past three months, how often have you had a strong desire or urge to use cannabis?					
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
3.d	In the past three months, how often has your use of cannabis led to health, social, legal or financial problems?					
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
3.e	During the past three months, how often have you failed to do what was normally expected of you because of your use of cannabis?					
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
3.f	Has a friend or relative or anyone else ever expressed concern about your use of cannabis?					
	No, Never ☐ 0	Yes, in the past 3 months ☐ 6		Yes, but not in the past 3 months ☐ 3		
3.g	Have you ever tried and failed to control, cut down or stop using cannabis?					
	No, Never ☐ 0	Yes, in the past 3 months ☐ 6		Yes, but not in the past 3 months ☐ 3		
					Cannabis Score:	

Q.4 Cocaine (coke, crack, etc.)

4.a	In your life have you ever used cocaine (coke, crack, etc.)?				No - ***Go to Q5*** 0	Yes 1
4.b	In the past three months, how often have you used cocaine?					
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
4.c	In the past three months, how often have you had a strong desire or urge to use cocaine?					
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
4.d	In the past three months, how often has your use of cocaine led to health, social, legal or financial problems?					
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
4.e	During the past three months, how often have you failed to do what was normally expected of you because of your use of cocaine?					
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
4.f	Has a friend or relative or anyone else ever expressed concern about your use of cocaine?					
	No, Never ☐ 0	Yes, in the past 3 months ☐ 6		Yes, but not in the past 3 months ☐ 3		
4.g	Have you ever tried and failed to control, cut down or stop using cocaine?					
	No, Never ☐ 0	Yes, in the past 3 months ☐ 6		Yes, but not in the past 3 months ☐ 3		
					Cocaine Score:	

Q.5 Amphetamine type stimulants (methamphetamine, speed, ecstasy, etc)

5.a	In your life have you ever used amphetamine type stimulants (methamphetamine, speed, ecstasy, etc.)?	No - ***Go to Q6*** 0	Yes 1
5.b	In the past three months, how often have you used amphetamine type stimulants? Never ☐ 0 · Once or Twice ☐ 1 · Monthly ☐ 2 · Weekly ☐ 3 · Daily or Almost Daily ☐ 4		
5.c	In the past three months, how often have you had a strong desire or urge to use amphetamine type stimulants? Never ☐ 0 · Once or Twice ☐ 1 · Monthly ☐ 2 · Weekly ☐ 3 · Daily or Almost Daily ☐ 4		
5.d	In the past three months, how often has your use of amphetamine type stimulants led to health, social, legal or financial problems? Never ☐ 0 · Once or Twice ☐ 1 · Monthly ☐ 2 · Weekly ☐ 3 · Daily or Almost Daily ☐ 4		
5.e	During the past three months, how often have you failed to do what was normally expected of you because of your use of amphetamine type stimulants? Never ☐ 0 · Once or Twice ☐ 1 · Monthly ☐ 2 · Weekly ☐ 3 · Daily or Almost Daily ☐ 4		
6.f	Has a friend or relative or anyone else ever expressed concern about your use of amphetamine type stimulants? No, Never ☐ 0 · Yes, in the past 3 months ☐ 6 · Yes, but not in the past 3 months ☐ 3		
6.g	Have you ever tried and failed to control, cut down or stop using amphetamine type stimulants? No, Never ☐ 0 · Yes, in the past 3 months ☐ 6 · Yes, but not in the past 3 months ☐ 3		
		Amphetamine Type Stimulants Score:	

Q.6 Inhalants (nitrous, glue, petrol, paint thinner, etc.)

6.a	In your life have you ever used amphetamine type inhalants (nitrous, glue, petrol, paint thinner, etc.)?	No - ***Go to Q7*** 0	Yes 1
6.b	In the past three months, how often have you used inhalants? Never ☐ 0 · Once or Twice ☐ 1 · Monthly ☐ 2 · Weekly ☐ 3 · Daily or Almost Daily ☐ 4		
6.c	In the past three months, how often have you had a strong desire or urge to use inhalants? Never ☐ 0 · Once or Twice ☐ 1 · Monthly ☐ 2 · Weekly ☐ 3 · Daily or Almost Daily ☐ 4		
6.d	In the past three months, how often has your use of inhalants led to health, social, legal or financial problems? Never ☐ 0 · Once or Twice ☐ 1 · Monthly ☐ 2 · Weekly ☐ 3 · Daily or Almost Daily ☐ 4		
6.e	During the past three months, how often have you failed to do what was normally expected of you because of your use of inhalants? Never ☐ 0 · Once or Twice ☐ 1 · Monthly ☐ 2 · Weekly ☐ 3 · Daily or Almost Daily ☐ 4		
6.f	Has a friend or relative or anyone else ever expressed concern about your use of inhalants? No, Never ☐ 0 · Yes, in the past 3 months ☐ 6 · Yes, but not in the past 3 months ☐ 3		
6.g	Have you ever tried and failed to control, cut down or stop using inhalants? No, Never ☐ 0 · Yes, in the past 3 months ☐ 6 · Yes, but not in the past 3 months ☐ 3		
		Inhalants Score:	

Q.7 Sedatives or sleeping pills (Valium, Serepax, Rohypnol, etc)

7.a	In your life have you ever used sedatives or sleeping pills (Valium, Serepax, Rohypnol, etc.)?	No - ***Go to Q8*** 0	Yes 1
7.b	In the past three months, how often have you used sedatives or sleeping pills?		
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
7.c	In the past three months, how often have you had a strong desire or urge to use sedatives or sleeping pills?		
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
7.d	In the past three months, how often has your use of sedatives or sleeping pills led to health, social, legal or financial problems?		
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
7.e	During the past three months, how often have you failed to do what was normally expected of you because of your use of sedatives or sleeping pills?		
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
7.f	Has a friend or relative or anyone else ever expressed concern about your use of sedatives or sleeping pills?		
	No, Never ☐ 0	Yes, in the past 3 months ☐ 6	Yes, but not in the past 3 months ☐ 3			
7.g	Have you ever tried and failed to control, cut down or stop using sedatives or sleeping pills?		
	No, Never ☐ 0	Yes, in the past 3 months ☐ 6	Yes, but not in the past 3 months ☐ 3			
			Sedatives/Sleeping Pills Score:

Q.8 Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)

8.a	In your life have you ever used hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?	No - ***Go to Q9*** 0	Yes 1
8.b	In the past three months, how often have you used hallucinogens?		
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
8.c	In the past three months, how often have you had a strong desire or urge to use hallucinogens?		
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
8.d	In the past three months, how often has your use of hallucinogens led to health, social, legal or financial problems?		
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
8.e	During the past three months, how often have you failed to do what was normally expected of you because of your use of hallucinogens?		
	Never ☐ 0	Once or Twice ☐ 1	Monthly ☐ 2	Weekly ☐ 3	Daily or Almost Daily ☐ 4	
8.f	Has a friend or relative or anyone else ever expressed concern about your use of hallucinogens?		
	No, Never ☐ 0	Yes, in the past 3 months ☐ 6	Yes, but not in the past 3 months ☐ 3			
8.g	Have you ever tried and failed to control, cut down or stop using hallucinogens?		
	No, Never ☐ 0	Yes, in the past 3 months ☐ 6	Yes, but not in the past 3 months ☐ 3			
			Hallucinogens Score:

Q.9 Opioids (heroin, morphine, methadone, codeine, etc.)

9.a	In your life have you ever used opioids (heroin, morphine, methadone, codeine, etc.)?	No - ***Go to Q10*** 0	Yes 1
9.b	In the past three months, how often have you used opioids? Never ☐ 0 · Once or Twice ☐ 1 · Monthly ☐ 2 · Weekly ☐ 3 · Daily or Almost Daily ☐ 4		
9.c	In the past three months, how often have you had a strong desire or urge to use opioids? Never ☐ 0 · Once or Twice ☐ 1 · Monthly ☐ 2 · Weekly ☐ 3 · Daily or Almost Daily ☐ 4		
9.d	In the past three months, how often has your use of opioids led to health, social, legal or financial problems? Never ☐ 0 · Once or Twice ☐ 1 · Monthly ☐ 2 · Weekly ☐ 3 · Daily or Almost Daily ☐ 4		
9.e	During the past three months, how often have you failed to do what was normally expected of you because of your use of opioids? Never ☐ 0 · Once or Twice ☐ 1 · Monthly ☐ 2 · Weekly ☐ 3 · Daily or Almost Daily ☐ 4		
9.f	Has a friend or relative or anyone else ever expressed concern about your use of opioids? No, Never ☐ 0 · Yes, in the past 3 months ☐ 6 · Yes, but not in the past 3 months ☐ 3		
9.g	Have you ever tried and failed to control, cut down or stop using opioids? No, Never ☐ 0 · Yes, in the past 3 months ☐ 6 · Yes, but not in the past 3 months ☐ 3		
			Opioids Score:

Q.10 Other – specify _____

10.a	In your life have you ever used any other drug for non-medical purposes? Specify _____	No - ***Go to Q11*** 0	Yes 1
10.b	In the past three months, how often have you used _____? Never ☐ 0 · Once or Twice ☐ 1 · Monthly ☐ 2 · Weekly ☐ 3 · Daily or Almost Daily ☐ 4		
10.c	In the past three months, how often have you had a strong desire or urge to use _____? Never ☐ 0 · Once or Twice ☐ 1 · Monthly ☐ 2 · Weekly ☐ 3 · Daily or Almost Daily ☐ 4		
10.d	In the past three months, how often has your use of _____ led to health, social, legal or financial problems? Never ☐ 0 · Once or Twice ☐ 1 · Monthly ☐ 2 · Weekly ☐ 3 · Daily or Almost Daily ☐ 4		
10.e	During the past three months, how often have you failed to do what was normally expected of you because of your use of _____? Never ☐ 0 · Once or Twice ☐ 1 · Monthly ☐ 2 · Weekly ☐ 3 · Daily or Almost Daily ☐ 4		
10.f	Has a friend or relative or anyone else ever expressed concern about your use of _____? No, Never ☐ 0 · Yes, in the past 3 months ☐ 6 · Yes, but not in the past 3 months ☐ 3		
10.g	Have you ever tried and failed to control, cut down or stop using _____? No, Never ☐ 0 · Yes, in the past 3 months ☐ 6 · Yes, but not in the past 3 months ☐ 3		
			Other Substance Score:

11. Drugs by injection

11.	Have you ever used any drug by injection No, Never ☐ 0 · Yes, in the past 3 months ☐ 6 · Yes, but not in the past 3 months ☐ 3	

ASSIST SCORE SUMMARY

		Score
Q.1	Tobacco products (cigarettes, chewing tobacco, cigars, etc)	
Q.2	Alcoholic beverages (beer, wine, spirits, etc.)	
Q.3	Cannabis (marijuana, pot, grass, hash, etc.)	
Q.4	Cocaine (coke, crack, etc.)	
Q.5	Amphetamine type stimulants (methamphetamine, speed, diet pills, ecstasy, etc	
Q.6	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	
Q.7	Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	
Q.8	Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	
Q.9	Opioids (heroin, morphine, methadone, codeine, etc.)	
Q.10	Other - specify	

Scoring and interpretation: The ASSIST can be administered to screen for problem/risky use of a number of substances (tobacco, alcohol, cannabis, cocaine, amphetamine-type stimulants (including ecstasy), inhalants, sedatives, hallucinogens, opioids and 'other drugs'). For each substance there are eight identical questions about frequency of use, efforts to reduce use, and risky behaviours. To calculate a score, for each substance sum responses (a-g). For tobacco the total minimum score possible is 0; and the total maximum score possible is 31 (i.e. range: 0-31). For all other drugs, the total minimum score possible is 0, and the total maximum score possible is 39 (i.e. range: 0-39).

ASSIST score interpretation

Risk level	Alcohol	All other substances
Lower risk	0-10	0-3
Moderate risk	11-26	4-26
High risk	27+	27+

A global score may also be obtained by summing items (questions 1-7) for all substances together. The minimum global score possible is 0, with 414 the maximum total score possible (i.e. range: 0-414).

Tool Citation: WHO Group. The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): development, reliability and feasibility. Addiction, 2002. 97(9): 1183-1194.

More Information: Fischer, J.A., Roche, A.M., and Duraisingam, V. *Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): 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.

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