

# WHO - ASSIST V3.1

CLINICIAN NAME

CLINIC

CLIENT ID OR NAME

DATE

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**INTRODUCTION** (*Please read to client. Can be adapted for local circumstances*)

The following questions ask about your experience of using alcohol, tobacco products and other drugs across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled or injected (show response card).

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, at higher doses than prescribed or in ways in which it wasn't intended, 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.

**NOTE: BEFORE ASKING QUESTIONS, GIVE ASSIST RESPONSE CARD TO CLIENT**

**Question 1** (please mark the response for each category of substance)

| In your life, which of the following substances have you ever used? ( <b>NON-MEDICAL USE ONLY</b> ) | No                       | Yes                      |
|---|--------------------------|--------------------------|
| a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Alcoholic beverages (beer, wine, spirits, etc.)  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Cannabis (marijuana, pot, grass, hash, etc.)   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Cocaine (coke, crack, etc.)  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Amphetamine type stimulants (speed, meth, ecstasy, etc.)   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Sedatives or Sleeping Pills (Diazepam, Alprazolam, Flunitrazepam, Midazolam etc.)                | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Opioids (heroin, morphine, methadone, Buprenorphine, codeine, etc.)                              | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Other - specify:   | <input type="checkbox"/> | <input type="checkbox"/> |

**Probe if all answers are negative:**  
 "Not even when you were in school?"

*If "No" to all items, stop interview.*

*If "Yes" to any of these items, ask Question 2 for each substance ever used.*

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### Question 2

| In the <u>past three months</u> , how often have you used the substances you mentioned ( <i>FIRST DRUG, SECOND DRUG, ETC</i> )? | Never | Once or Twice | Monthly | Weekly | Daily or Almost Daily |
|---|-------|---------------|---------|--------|-----------------------|
| a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)   | 0     | 2             | 3       | 4      | 6                     |
| b. Alcoholic beverages (beer, wine, spirits, etc.)  | 0     | 2             | 3       | 4      | 6                     |
| c. Cannabis (marijuana, pot, grass, hash, etc.)   | 0     | 2             | 3       | 4      | 6                     |
| d. Cocaine (coke, crack, etc.)  | 0     | 2             | 3       | 4      | 6                     |
| e. Amphetamine type stimulants (speed, meth, ecstasy, etc.)   | 0     | 2             | 3       | 4      | 6                     |
| f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)   | 0     | 2             | 3       | 4      | 6                     |
| g. Sedatives or Sleeping Pills (Diazepam, Alprazolam, Flunitrazepam, Midazolam etc.)  | 0     | 2             | 3       | 4      | 6                     |
| h. Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)  | 0     | 2             | 3       | 4      | 6                     |
| i. Opioids (heroin, morphine, methadone, codeine, etc.)   | 0     | 2             | 3       | 4      | 6                     |
| j. Other - specify:   | 0     | 2             | 3       | 4      | 6                     |

**If "Never" to all items in Question 2, skip to Question 6.**

**If any substances in Question 2 were used in the previous three months, continue with Questions 3, 4 & 5 for each substance used.**

### Question 3

| During the <u>past three months</u> , how often have you had a strong desire or urge to use ( <i>FIRST DRUG, SECOND DRUG, ETC</i> )? | Never | Once or Twice | Monthly | Weekly | Daily or Almost Daily |
|--|-------|---------------|---------|--------|-----------------------|
| a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)  | 0     | 3             | 4       | 5      | 6                     |
| b. Alcoholic beverages (beer, wine, spirits, etc.)   | 0     | 3             | 4       | 5      | 6                     |
| c. Cannabis (marijuana, pot, grass, hash, etc.)  | 0     | 3             | 4       | 5      | 6                     |
| d. Cocaine (coke, crack, etc.)   | 0     | 3             | 4       | 5      | 6                     |
| e. Amphetamine type stimulants (speed, meth, ecstasy, etc.)  | 0     | 3             | 4       | 5      | 6                     |
| f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)  | 0     | 3             | 4       | 5      | 6                     |
| g. Sedatives or Sleeping Pills (Diazepam, Alprazolam, Flunitrazepam, Midazolam etc.)   | 0     | 3             | 4       | 5      | 6                     |
| h. Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)   | 0     | 3             | 4       | 5      | 6                     |
| i. Opioids (heroin, morphine, methadone, codeine, etc.)  | 0     | 3             | 4       | 5      | 6                     |
| j. Other - specify:  | 0     | 3             | 4       | 5      | 6                     |



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**Ask Questions 6 & 7 for all substances ever used (i.e. those endorsed in Question 1)**

## Question 6

| <b>Has a friend or relative or anyone else <u>ever</u> expressed concern about your use of (FIRST DRUG, SECOND DRUG, ETC.)?</b> | <b>No, Never</b> | <b>Yes, in the past 3 months</b> | <b>Yes, but not in the past 3 months</b> |
|---|------------------|----------------------------------|--|
| a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)   | 0                | 6                                | 3  |
| b. Alcoholic beverages (beer, wine, spirits, etc.)  | 0                | 6                                | 3  |
| c. Cannabis (marijuana, pot, grass, hash, etc.)   | 0                | 6                                | 3  |
| d. Cocaine (coke, crack, etc.)  | 0                | 6                                | 3  |
| e. Amphetamine type stimulants (speed, meth, ecstasy, etc.)   | 0                | 6                                | 3  |
| f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)   | 0                | 6                                | 3  |
| g. Sedatives or Sleeping Pills (Diazepam, Alprazolam, Flunitrazepam, Midazolam etc.)  | 0                | 6                                | 3  |
| h. Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)  | 0                | 6                                | 3  |
| i. Opioids (heroin, morphine, methadone, codeine, etc.)   | 0                | 6                                | 3  |
| j. Other – specify:   | 0                | 6                                | 3  |

## Question 7

| <b>Have you <u>ever</u> tried to cut down on using (FIRST DRUG, SECOND DRUG, ETC.) but failed?</b> | <b>No, Never</b> | <b>Yes, in the past 3 months</b> | <b>Yes, but not in the past 3 months</b> |
|--|------------------|----------------------------------|--|
| a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)                                    | 0                | 6                                | 3  |
| b. Alcoholic beverages (beer, wine, spirits, etc.)   | 0                | 6                                | 3  |
| c. Cannabis (marijuana, pot, grass, hash, etc.)  | 0                | 6                                | 3  |
| d. Cocaine (coke, crack, etc.)   | 0                | 6                                | 3  |
| e. Amphetamine type stimulants (speed, meth, ecstasy, etc.)  | 0                | 6                                | 3  |
| f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)  | 0                | 6                                | 3  |
| g. Sedatives or Sleeping Pills (Diazepam, Alprazolam, Flunitrazepam, Midazolam etc.)               | 0                | 6                                | 3  |
| h. Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)                                     | 0                | 6                                | 3  |
| i. Opioids (heroin, morphine, methadone, codeine, etc.)  | 0                | 6                                | 3  |
| j. Other – specify:  | 0                | 6                                | 3  |

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## Question 8 (please mark the response)

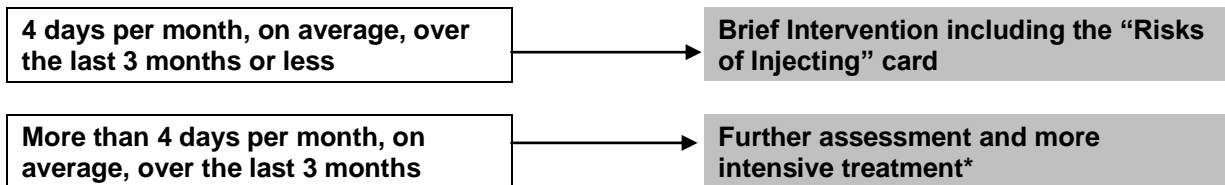
|  | No,<br>Never             | Yes, in<br>the past<br>3 months | Yes, but<br>not in the<br>past 3<br>months |
|--|--------------------------|---------------------------------|--|
| Have you <u>ever</u> used any drug by injection?<br>(NON-MEDICAL USE ONLY) | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/>                   |

### IMPORTANT NOTE:

Clients 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.

#### PATTERN OF INJECTING

#### INTERVENTION GUIDELINES



#### HOW TO CALCULATE A SPECIFIC SUBSTANCE INVOLVEMENT SCORE.

For each substance (labelled 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 treatment * |
|------------------|---------------------------------|-----------------|----------------------------|----------------------------|
| a. tobacco       |                                 | 0 - 3           | 4 - 26                     | 27+                        |
| b. alcohol       |                                 | 0 - 10          | 11 - 26                    | 27+                        |
| c. cannabis      |                                 | 0 - 3           | 4 - 26                     | 27+                        |
| d. cocaine       |                                 | 0 - 3           | 4 - 26                     | 27+                        |
| e. amphetamine   |                                 | 0 - 3           | 4 - 26                     | 27+                        |
| f. inhalants     |                                 | 0 - 3           | 4 - 26                     | 27+                        |
| g. sedatives     |                                 | 0 - 3           | 4 - 26                     | 27+                        |
| h. hallucinogens |                                 | 0 - 3           | 4 - 26                     | 27+                        |
| i. opioids       |                                 | 0 - 3           | 4 - 26                     | 27+                        |
| j. other drugs   |                                 | 0 - 3           | 4 - 26                     | 27+                        |

Now use **ASSIST FEEDBACK REPORT CARD** to give client brief intervention.