

**WHO ASSIST V3.0 RESPONSE CARD (FOR CLIENT)**

**SUBSTANCES**

a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)
b. Alcoholic beverages (beer, wine, spirits, etc.)
c. Cannabis (marijuana, dope, pot, grass, hash, etc.)
d. Cocaine (coke, crack, etc.)
e. Amphetamine-type stimulants (speed, ecstasy, meth, ice, paste, crystal, base, diet pills, etc.)
f. Inhalants (nitrous, NOS, glue, petrol, sprays, paint thinner, amyl, etc.)
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, Normison, diazepam, temazepam, etc.)
h. Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)
i. Opioids (heroin, opium, morphine, methadone, codeine, etc.)
j. Other - specify:

**Response Card (ASSIST Questions 2 – 5)**

**Never:** not used in the last 3 months.

**Once or twice:** 1 to 2 times in the last 3 months.

**Monthly:** average of 1 to 3 times per month over the last 3 months.

**Weekly:** 1 to 4 times per week.

**Daily or almost daily:** 5 to 7 days per week.

**Response Card (ASSIST Questions 6 to 8)**

No, Never

Yes, but not in the past 3 months

Yes, in the past 3 months