

Alcohol, Smoking and Substance Involvement Screening Test ASSIST-Lite

Instructions

The questions ask about psychoactive substance use in the PAST 3 MONTHS ONLY.

Ask about each substance in order and only proceed to the supplementary questions if the person has used that substance.

On completion of all the questions, count the number of “yes” responses to obtain a score for each substance, and mark the risk category.

Provide a brief intervention relevant to the risk category.

In the past 3 months	YES	NO
1. Did you smoke a cigarette containing tobacco?		
1a. Did you usually smoke more than 10 cigarettes each day?	<input type="checkbox"/>	<input type="checkbox"/>
1b. Did you usually smoke within 30 minutes after waking?	<input type="checkbox"/>	<input type="checkbox"/>
Score for tobacco (count “yes” answers)	<input style="width: 40px;" type="text"/>	
Risk category:	<input type="checkbox"/> Low (0) <input type="checkbox"/> Moderate (1 or 2) <input type="checkbox"/> High (3)	
2. Did you have a drink containing alcohol?		
2a. On any occasion, did you drink more than 4 standard drinks of alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
2b. Have you tried and failed to control, cut down or stop drinking?	<input type="checkbox"/>	<input type="checkbox"/>
2c. Has anyone expressed concern about your drinking?	<input type="checkbox"/>	<input type="checkbox"/>
Score for alcohol (count “yes” answers)	<input style="width: 40px;" type="text"/>	
Risk category:	<input type="checkbox"/> Low (0 or 1) <input type="checkbox"/> Moderate (2) <input type="checkbox"/> High (3 or 4)	
3. Did you use cannabis?		
3a. Have you had a strong desire or urge to use cannabis at least once a week or more often?	<input type="checkbox"/>	<input type="checkbox"/>
3b. Has anyone expressed concern about your use of cannabis?	<input type="checkbox"/>	<input type="checkbox"/>
Score for cannabis (count “yes” answers)	<input style="width: 40px;" type="text"/>	
Risk category:	<input type="checkbox"/> Low (0) <input type="checkbox"/> Moderate (1 or 2) <input type="checkbox"/> High (3)	
4. Did you use an amphetamine-type stimulant, or cocaine, or a stimulant medication not as prescribed?		
4a. Did you use a stimulant at least once each week or more often?	<input type="checkbox"/>	<input type="checkbox"/>
4b. Has anyone expressed concern about your use of a stimulant?	<input type="checkbox"/>	<input type="checkbox"/>
Score for stimulants (count “yes” answers)	<input style="width: 40px;" type="text"/>	
Risk category:	<input type="checkbox"/> Low (0) <input type="checkbox"/> Moderate (1 or 2) <input type="checkbox"/> High (3)	
5. Did you use a sedative or sleeping medication not as prescribed?		
5a. Have you had a strong desire or urge to use a sedative or sleeping medication at least once a week or more often?	<input type="checkbox"/>	<input type="checkbox"/>
5b. Has anyone expressed concern about your use of a sedative or sleeping medication?	<input type="checkbox"/>	<input type="checkbox"/>
Score for sedatives (count “yes” answers)	<input style="width: 40px;" type="text"/>	
Risk category:	<input type="checkbox"/> Low (0) <input type="checkbox"/> Moderate (1 or 2) <input type="checkbox"/> High (3)	
6. Did you use a street opioid (e.g. heroin) or an opioid-containing medication not as prescribed?		
6a. Have you tried and failed to control, cut down or stop using an opioid?	<input type="checkbox"/>	<input type="checkbox"/>
6b. Has anyone expressed concern about your use of an opioid?	<input type="checkbox"/>	<input type="checkbox"/>
Score for opioids (count “yes” answers)	<input style="width: 40px;" type="text"/>	
Risk category:	<input type="checkbox"/> Low (0) <input type="checkbox"/> Moderate (1 or 2) <input type="checkbox"/> High (3)	
7. Did you use any other psychoactive substances?		
If yes, what did you take?	<input type="checkbox"/>	<input type="checkbox"/>

(Not scored, but prompts further assessment)

Rapid guide to a Brief Intervention

Low risk: General health advice and encourage not to increase use.

Moderate risk: Provide a brief intervention using the FRAMES Model and offer take home information.

High risk: Provide a brief intervention using the FRAMES Model and encourage further assessment by a specialist drug and alcohol service. Facilitate referral and provide take home information.

Note: FRAMES - Feedback, Responsibility, Advice, Menu of options, Empathy, Self-efficacy.

