## **General Instructions:**

The questions below ask about your use of the following substances during the past two (2) weeks.

**During the past TWO (2) weeks, about how often did you …**

1. Have an alcoholic beverage (beer, wine, liquor, etc.)?

Not at all (0) Less than a day or two (1) Several days (2) More than half the days (3) Nearly every day (4)

1. Have 4 or more drinks in a single day?

Not at all (0) Less than a day or two (1) Several days (2) More than half the days (3) Nearly every day (4)

1. Smoke a cigarette, a cigar, or pipe or use snuff or chewing tobacco?

Not at all (0) Less than a day or two (1) Several days (2) More than half the days (3) Nearly every day (4)

**During the past TWO (2) weeks, about how often did you use any of the following medicines ON YOUR OWN, that is, without a doctor’s prescription or in greater amounts or longer than prescribed?**

1. Painkillers (like Vicodin)?

Not at all (0) Less than a day or two (1) Several days (2) More than half the days (3) Nearly every day (4)

1. Stimulants (like Ritalin, Adderall)?

Not at all (0) Less than a day or two (1) Several days (2) More than half the days (3) Nearly every day (4)

1. Sedatives or tranquilizers (like sleeping pills or Valium)?

Not at all (0) Less than a day or two (1) Several days (2) More than half the days (3) Nearly every day (4)

**Or drugs like:**

1. Steroids

Not at all (0) Less than a day or two (1) Several days (2) More than half the days (3) Nearly every day (4)

1. Other medicines

Not at all (0) Less than a day or two (1) Several days (2) More than half the days (3) Nearly every day (4)

1. Marijuana

Not at all (0) Less than a day or two (1) Several days (2) More than half the days (3) Nearly every day (4)

1. Cocaine or crack

Not at all (0) Less than a day or two (1) Several days (2) More than half the days (3) Nearly every day (4)

1. Club drugs (like ecstacy)

Not at all (0) Less than a day or two (1) Several days (2) More than half the days (3) Nearly every day (4)

1. Hallucinogens (like LSD)

Not at all (0) Less than a day or two (1) Several days (2) More than half the days (3) Nearly every day (4)

1. Heroin

Not at all (0) Less than a day or two (1) Several days (2) More than half the days (3) Nearly every day (4)

1. Inhalers or solvents (like glue)

Not at all (0) Less than a day or two (1) Several days (2) More than half the days (3) Nearly every day (4)

1. Methamphetamine (like speed)

Not at all (0) Less than a day or two (1) Several days (2) More than half the days (3) Nearly every day (4)

Notes

Scores on the individual items should be interpreted independently because each item inquires about the use of a distinct substance.

The rating of multiple items at scores greater than 0 indicates greater severity and complexity of substance use.
Number of items with score > 0 : \_\_\_\_\_\_\_\_\_ (range 0 to 15)

References

1. WHO ASSIST Working Group. The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): development, reliability and feasibility. Addiction. 2002;97(9):1183–1194.
2. APA modification: https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA\_DSM5\_Level-2-Substance-Use-Child-Age-11-to-17.pdf