

ASSIST


(Version developed by the University of Connecticut Health Center, 2005)


INTRODUCTION:

I am going to ask you some questions about your experience with alcohol, tobacco products and other drugs across your lifetime and in the past 3 months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in pill form. **(Show Response Card).**

Some of the substances listed may be prescribed by a doctor (like sedatives, pain medications, amphetamines etc.). For this interview, we will not record medications that are used as prescribed by your doctor. However, if you have taken such drugs for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that the information on such use will be treated as strictly confidential.

1	In your life, which of the following substances have you <u>ever used</u> ? (<i>non-medical use only</i>)		
		No	Yes
	a. Tobacco products	0	3
	b. Alcoholic beverages	0	3
	c. Marijuana	0	3
	d. Cocaine or Crack	0	3
	e. Amphetamines or Stimulants	0	3
	f. Inhalants	0	3
	g. Sedatives or Sleeping Pills	0	3
	h. Hallucinogens	0	3
	i. Heroin, Morphine, Pain Medication	0	3
	j. Other, specify:	0	3

Probe if all answers are negative: "Not even when you were in school?" If "No" to all items, stop the interview. 

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

2	In the <u>past three months</u> , how often have you used the substances mentioned (<i>first drug, second drug, etc.</i>)					
		Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
	a. Tobacco products	0	2	3	4	6
	b. Alcoholic beverages	0	2	3	4	6
	c. Marijuana	0	2	3	4	6
	d. Cocaine or Crack	0	2	3	4	6
	e. Amphetamines or Stimulants	0	2	3	4	6
	f. Inhalants	0	2	3	4	6
	g. Sedatives or Sleeping Pills	0	2	3	4	6
	h. Hallucinogens	0	2	3	4	6
	i. Heroin, Morphine, Pain Medication	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 substance in Question 2 was used in the previous 3 months continue with Questions 3, 4 & 5 for each substance used.

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	0	3	4	5	6
	b. Alcoholic beverages	0	3	4	5	6
	c. Marijuana	0	3	4	5	6
	d. Cocaine or Crack	0	3	4	5	6
	e. Amphetamines or Stimulants	0	3	4	5	6
	f. Inhalants	0	3	4	5	6
	g. Sedatives or Sleeping Pills	0	3	4	5	6
	h. Hallucinogens	0	3	4	5	6
	i. Heroin, Morphine, Pain Medication	0	3	4	5	6
	j. Other, specify:	0	3	4	5	6

4	During the <u>past three months</u> , how often has your use of (<i>first drug, second drug, etc.</i>) led to health, social, legal or financial problems?					
		Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
	a. Tobacco products	0	4	5	6	7
	b. Alcoholic beverages	0	4	5	6	7
	c. Marijuana	0	4	5	6	7
	d. Cocaine or Crack	0	4	5	6	7
	e. Amphetamines or Stimulants	0	4	5	6	7
	f. Inhalants	0	4	5	6	7
	g. Sedatives or Sleeping Pills	0	4	5	6	7
	h. Hallucinogens	0	4	5	6	7
	i. Heroin, Morphine, Pain Medication	0	4	5	6	7
	j. Other, specify:	0	4	5	6	7

5

During the <u>past three months</u> , how often have you failed to do what was normally expected of you because of your use of (first drug, second drug, etc.)?					
	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products	/ / / / / / / / / /				
b. Alcoholic beverages	0	5	6	7	8
c. Marijuana	0	5	6	7	8
d. Cocaine or Crack	0	5	6	7	8
e. Amphetamines or Stimulants	0	5	6	7	8
f. Inhalants	0	5	6	7	8
g. Sedatives or Sleeping Pills	0	5	6	7	8
h. Hallucinogens	0	5	6	7	8
i. Heroin, Morphine, Pain Medication	0	5	6	7	8
j. Other, specify:	0	5	6	7	8

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

6

Has a friend or relative or anyone else <u>ever</u> expressed concern about your use of (first drug, second drug, etc.)?			
	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products	0	6	3
b. Alcoholic beverages	0	6	3
c. Marijuana	0	6	3
d. Cocaine or Crack	0	6	3
e. Amphetamines or Stimulants	0	6	3
f. Inhalants	0	6	3
g. Sedatives or Sleeping Pills	0	6	3
h. Hallucinogens	0	6	3
i. Heroin, Morphine, Pain Medication	0	6	3
j. Other, specify:	0	6	3

7

Have you <u>ever</u> tried and failed to control, cut down or stop using (first drug, second drug, etc.)?			
	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products	0	6	3
b. Alcoholic beverages	0	6	3
c. Marijuana	0	6	3
d. Cocaine or Crack	0	6	3
e. Amphetamines or Stimulants	0	6	3
f. Inhalants	0	6	3
g. Sedatives or Sleeping Pills	0	6	3
h. Hallucinogens	0	6	3
i. Heroin, Morphine, Pain Medication	0	6	3
j. Other, specify:	0	6	3

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Have you <u>ever</u> used any drug by injection? (non medical use only)			
	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
	0	2	1

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a. Tobacco Products such as cigarettes, chewing tobacco, cigars, etc.
b. Alcoholic beverages such as beer, wine, hard liquor, etc
c. Marijuana such as pot, grass, reefer, weed, ganja, chronic, gangster, hash, etc.
d. Cocaine , coke, blow, snow, flake, toot, crack, rock, etc.
e. Amphetamines , speed, Ritalin, Ecstasy, X, diet pills, crystal meth, ice, crank, Dexedrine, Methamphetamine, etc.
f. Inhalants , glue, correction fluid, gasoline, butane, paint thinner, lighter fluid, spray paint, poppers, snappers, Rush, Locker Room, Nitrous oxide, Laughing gas, whippets, etc.
g. Sedatives or sleeping pills , Valium, Xanax, Librium, Dalmane, Ativan, Halcion, Miltown, Thorazine, Mellaril, Restoril, Rohypnol, roofies, GHB, Liquid X, Liquid E, Mebaral, Nembutal, Seconal, Fiorinal, Amytal, Phenobarbital, downers, etc.
h. Hallucinogens , LSD, blotter, acid, mushrooms, PCP, angel dust, THC, wet, illy, ketamine, Special K, vitamin k, 2C-B, etc.
i. Pain medication, Opioids , codeine, OxyContin, Darvon, Vicodin, Dilaudid, Demerol, Lomotil, Percodan, Talwin-Nx, heroin, methadone, morphine, etc
j. Other drug: something not listed here? please specify _____

Responses for Questions 2 - 5

Never: not used in the last 3 months

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

Monthly: 1 to 3 times in one month

Weekly: 1 to 4 times per week

Daily or almost daily: 5 to 7 days per week

Responses for Questions 6 - 8

No, Never

Yes, but not in the past 3 months

Yes, in the past 3 months
