ASSIST WHO V 3.0 Name_____ DOB_____ UR_____ Clinician	*Score Legend*	A. Tobacco (cigarettes, chewing tobacco, cigars)	B. Alcohol (beer, wine, sprits)	C. Cannabis (marijuana, pot, grass, hash)	D. Cocaine (coke.)	E. Amphetamine and/or ecstasy (speed, base, ice, diet pills, ecstasy)	F. Inhalants (aerosols, nitrous, glue, petrol, paint thinner)	G. Sedatives (Benzodiazepines, Valium, Serepax, Rohypnol)	H. Hallucinogens (LSD, acid, mushrooms, PCP, ketamine or special K)	I. Opioids (heroin, morphine, methadone, codeine)	J. Other (including GHB, steroids etc) _____(specify)
Q1. In your life which of the following substances have you ever used?	Circle YES or NO for each substance. **For substances answered YES complete Q2-Q8**	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
		(Probe if all answers are negative e.g., 'not even when you were in school?')									
Q2. In the past 3 months, how often have you used _____ (the substances answered YES in Q1)?	0 -Never 2-Once/twice 3-Monthly 4-Weekly 6–Daily/almost daily										
Q3. During the past 3 months, how often have you had a strong desire or urge to use _____?	0 -Never 3-Once/twice 4-Monthly 5-Weekly 6–Daily/almost daily										
Q.4. During the past three months how often has your use of _____ led to health, social, legal or financial problems?	0 -Never 4-Once/twice 5-Monthly 6-Weekly 7–Daily/almost daily										
Q5. During the past 3 months how often have you failed to do what was normally expected of you because of your use of _____?	0 -Never 5-Once/twice 6-Monthly 7-Weekly 8–Daily/almost daily										
Q6. Has a friend or relative or anyone else ever expressed concern about your use of ____?	0-Never 6-Yes in past 3 months 3-Yes not in past 3 months										
Q7. Have you ever tried and failed to control, cut down or stop using _____?	0-Never 6-Yes in past 3 months 3-Yes not in past 3 months										
Q8.(a) Have you ever used any drug by injection (non-medical use)?	0-Never 2-Yes in past 3 months 1-Yes, not in past 3 months	Q8(a) score	Q8(b) If Yes, ask about use in past 3 months and pattern of injecting: If injecting **weekly of less or fewer than 3 days in a row** → Provide brief intervention plus "injecting risks" card. If injecting **more than once per week or more than 3 days in a row** → Further assessment & more intensive treatment.								
TOTAL	(Add scores Q2-Q7 for each substance)										
RISK LEVEL	(Circle the appropriate response)	0-3 = Low 4-26 = Moderate 27+ = High	0-3 = Low 4-26 = Moderate 27+ = High	0-3 = Low 4-26 = Moderate 27+ = High	0-3 = Low 4-26 = Moderate 27+ = High	0-3 = Low 4-26 = Moderate 27+ = High	0-3 = Low 4-26 = Moderate 27+ = High	0-3 = Low 4-26 = Moderate 27+ = High	0-3 = Low 4-26 = Moderate 27+ = High	0-3 = Low 4-26 = Moderate 27+ = High	0-3 = Low 4-26 = Moderate 27+ = High
INTERVENTION? (Circle the appropriate response)	**Low**=No intervention **Moderate**=Brief Intervention **High**=Intensive intervention or further Assessment	No Brief Intensive	No Brief Intensive	No Brief Intensive	No Brief Intensive	No Brief Intensive	No Brief Intensive	No Brief Intensive	No Brief Intensive	No Brief Intensive	No Brief Intensive