



ASSIST (Alcohol, Smoking and Substance Involvement Screening Test)

Source: The items are from the ASSIST Scale. Public Domain

Reference: WHO ASSIST Working Group (2002). The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): development, reliability and feasibility. *Addiction*, 97, 1183-1194.

[Validation of the Alcohol, Smoking and Substance Involvement Screening Test \(ASSIST\) and Pilot Brief Intervention: A Technical Report of Phase II Findings of the WHO ASSIST Project \[pdf 1.34Mb\]](#)

Scale Description: The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was developed for the World Health Organization (WHO) by an international group of substance abuse researchers to detect and manage substance use and related problems in primary and general medical care settings.

Scoring

Description

The ASSIST assesses use and abuse of alcohol, and several classes of drugs. It has a 2-step skip out procedure that allows questions to be skipped for non-relevant substance classes.

Specifically, Question #1 asks about lifetime use of 10 substances/groups of substances. For each of the substances for which the respondent answers “No”, those substances are not included in further questions. If a respondent answers “No” to all 10 substances, no other questions are administered.

Question #2 asks about use in the past 3 months for any substance group endorsed “Yes” in Question #1.

Questions #3, #4, & #5 ask about each substance endorsed greater than “Never” on Question #2. [The only exception to this is that Question #4 is never asked about Tobacco.]

Questions #6 and #7 ask about each substance endorsed “Yes” in Question #1.



Scoring and Algorithm

Note: For each assessment, there is an algorithm leading to one of nine feedback scripts related to that program. The logic for the user receiving feedback is included in the algorithms below.

Scores on the ASSIST are calculated for each substance. The scoring is the same for each substance.

Scoring for **Question #1** is No = 0, Yes = 1

Scoring for **Question #2** is the same for each substance

Never = 0

Once or twice = 2

Monthly = 3

Weekly = 4

Daily or almost daily = 6

Scoring for **Question #3**

Never = 0

Once or twice = 3

Monthly = 4

Weekly = 5

Daily or almost daily = 6

Scoring for **Question #4**

Never = 0

Once or twice = 2

Monthly = 3

Weekly = 4

Daily or almost daily = 6

Scoring for **Question #5**

Never = 0

Once or twice = 5

Monthly = 6

Weekly = 7

Daily or almost daily = 8

Scoring for **Question #6**

No, Never = 0

Yes, in the past 3 months = 6

Yes, but not in the past 3 months = 3

Scoring for **Question #7**

No, Never = 0

Yes, in the past 3 months = 6

Yes, but not in the past 3 months = 3

Total score is sum of score for Questions #2-#7. These are calculated separately for each of the six substance classes, providing an Alcohol Total Score and five Drug Total Scores (Cannabis, Cocaine, Amphetamines, Sedatives, and Other drugs).



Algorithm

[If Alcohol Question #1 = No **OR** Alcohol Score in range 0-10] **AND** [Questions #1 for *all* five drugs = No **OR** Total Drug Score for *all* drugs in the range 0-3] – **Low Alcohol and Drug Acuity**

If Total Alcohol Score falls in range 11-26 **AND** [Questions #1 for *all* drugs = No **OR** Total Drug Score for *all* drugs in the range 0-3] – **Moderate Alcohol Acuity**

If Total Alcohol Score falls in range 27-38 **AND** [Questions #1 for *all* drugs = No **OR** Total Drug Score for *all* drugs in the range 0-3] – **High Alcohol Acuity**

If *any* Total Drug Score falls in range 4-26 **AND NO** Total Drug Score falls in the range 27-38 **AND** [Alcohol Question #1 = No **OR** Alcohol Score in range 0-10] – **Moderate Drug Acuity**

If *any* Drug Total Score falls in the range 27-38 **AND** [Alcohol Question #1 = No **OR** Alcohol Score in range 0-10] **High Drug Acuity**

If Total Alcohol Score falls in range 11-26 **AND** if *any* Drug Total Score falls in range 4-26 **AND No** Drug Total Score falls in the range 27-38 – **Moderate Alcohol and Drug Acuity**

[If Total Alcohol Score falls in range 27-38 and any Drug Total Score >3] **OR** [if any Drug Score > 26 **AND** Total Alcohol Score >10] – **High Alcohol and Drug Acuity**



ALCOHOL AND DRUG USE ASSESSMENT

Following are some questions about your experiences using alcohol and other drugs. Some of the substances listed may be prescribed by a doctor (like amphetamines, sedative, pain medications, etc.) For these questions, do not include medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, include this use in your answers.

1. In your lifetime, which of the following substances have you ever used? (NON-MEDICAL USE ONLY)

- | | | |
|--|------------|-----------|
| a. Alcohol (beer, wine, spirits, etc.) | YES | NO |
| b. Cannabis (marijuana, pot, grass, hash, etc.) | YES | NO |
| c. Cocaine (coke, crack, etc.) | YES | NO |
| d. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) | YES | NO |
| e. Sedatives or sleeping pills (Valium, Serapax, Rohypnol, Ambien, etc.) | YES | NO |
| f. Other drug use (inhalants, hallucinogens, opioids, etc.) | YES | NO |

2. In the past three months, how often have you used each of the following substances? (NON-MEDICAL USE ONLY)

- | | | | | |
|-------|---------------|---------|--------|-----------------------|
| Never | Once or Twice | Monthly | Weekly | Daily or Almost Daily |
|-------|---------------|---------|--------|-----------------------|

[Repeat only each substance endorsed in #1]

- Substance 1
- Substance 2
- |
- |
- Substance 6

[Include Questions #3-#5 for any substance endorsed in #2; include questions #6-#7 for any substance endorsed in #1.]

- | | | | | |
|-------|---------------|---------|--------|-----------------------|
| Never | Once or Twice | Monthly | Weekly | Daily or Almost Daily |
|-------|---------------|---------|--------|-----------------------|

3. During the past three months, how often have you had a strong desire or urge to use **[substance]**?

4. During the past three months, how often has your use of **[substance]** led to health, social, legal, or financial problems?

5. During the past three months, how often have you failed to do what was normally expected of you because of your use of **[substance]**?

6. Has a friend or anyone else ever expressed concern because of your use of **[substance]**?

7. Have you ever tried and failed to control, cut down or



stop using [substance]?

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