

Alcohol Smoking And Substance Involvement Screening Test (ASSIST)

Subject ID _____

These are some questions about your experience of using substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills. Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For these questions, do not record 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, please record these. While we are also interested in knowing about your use of various illicit (illegal) drugs, please be assured that information on such use will be treated as confidential.

Mafunso osatilawa amafusa zokhudza inuyo pa nlkhani ya mowa, fodya, zinthu zopangiwa kuchokera ku fodya komaso makhwala ena mmoyo wanu onse komaso mwezi itatu yapitayi.

Mankhwala ena amene alembedwawa atha kulembedwa ndi a dotolo (mwachisanzo amphetamines, ogoneso, oleso ululu makhwala). Mafusnso awa sitifusa za makhwala omwe munagwilisa ntchito omwe anakulembelani a dokotala. Koma ngati mwagwiritsapo makhwalawa pa zifukwa zina zosiyana ndizomwe makhwalawa amayenera kugwira kapena mowilikiza komaso kapena chonde ndiuzeni.

Pamene tikufuna kuziwa za makhwala olesedwa omwe mwagwilisa ntchito chonde ziwani kutii uthenga uzagwilisidwa ntchito mwachisisi.

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

Mmoyo wanu ndi makhwala ati omwe munagwilisapo ntchito (zosakhuza matenda).

	No (Ayi)	Yes (Eyah)
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.) Zinthu zopangidwa kuchokera ku fodya (ndudu, fodya obwila, cigars)	<input type="radio"/>	<input type="radio"/>
b. Alcoholic beverages (beer, wine, spirits, etc.) (Mowa, waini, spirit, kachasu)	<input type="radio"/>	<input type="radio"/>
c. Cannabis (marijuana, pot, grass, hash, dagga, etc.) Zopangidwa ndi Chamba (fodya wamkulu, osuta, wauuwitsi, hash)	<input type="radio"/>	<input type="radio"/>
d. Cocaine (coke, crack, etc.) Kokeni (coke, ophwaya)	<input type="radio"/>	<input type="radio"/>

- | | | |
|--|-----------------------|-----------------------|
| e. Amphetamine type stimulants (speed, diet pills, ecstasy, Tik, etc.) Makhawala opangisa chisangalalo (speed, meth, ecstasy, etc.) | <input type="radio"/> | <input type="radio"/> |
| f. Inhalants (nitrous, glue, petrol, paint thinner, etc.) Mwakhwala upita mmapapo (Inhelerant, nitrogeni, petelo) | <input type="radio"/> | <input type="radio"/> |
| g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) Makhwala ogonesa (diazepam, alprazolamu, flunizepam, midazolanu) | <input type="radio"/> | <input type="radio"/> |
| h. Hallucinogens (LSD, acid, mushrooms, trips, PCP, Special K, Ketamine, etc.) | <input type="radio"/> | <input type="radio"/> |
| i. Opioids (heroin, morphine, methadone, codeine, cough syrup, etc.) Olesa ululu (harowini, morphine, methadone, buprenorphine, codeine) | <input type="radio"/> | <input type="radio"/> |
| j. Other - specify: Zina nenani. | <input type="radio"/> | <input type="radio"/> |

If Other, please specify: _____

Question 2

In the past three months, how often have you used the substances you mentioned (FIRST DRUG, SECOND DRUG, ETC)?

Mwezi itatu yapitayi, kangati mwagwilisa ntchito makhwala ndatchulawa (makhwala oyamba, achiwiri, achitatu)?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcoholic beverages (beer, wine, spirits, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cannabis (marijuana, pot, grass, hash, dagga etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

d. Cocaine (coke, crack, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Amphetamine type stimulants (speed, diet pills, ecstasy, Tik etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Opioids (heroin, morphine, methadone, codeine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Other, please specify

Question 3

In the past three months, how often have you had a strong desire or urge to use (FIRST DRUG, SECOND DRUG, ETC)?

Mwezi itatu yapitayi ndikangati komwe mwakhala ndi chilakolako chogwilisa ntchito makhwala (oyamba, wachiwiri, wachitatu)?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcoholic beverages (beer, wine, spirits, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cannabis (marijuana, pot, grass, hash, dagga etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cocaine (coke, crack, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Amphetamine type stimulants (speed, diet pills, ecstasy, Tik etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

i. Opioids (heroin, morphine, methadone, codeine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Other, please specify

Question 4

In the past three months, how often has your use of (FIRST DRUG, SECOND DRUG, ETC) led to health, social, legal or financial problems?

Mwezi itatu yapitayi kangati komwe kugwilisa nchitho makhwalawa kwakulowesani mmavuto a zaumoyo, chuma ubale ndi azanu?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcoholic beverages (beer, wine, spirits, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cannabis (marijuana, pot, grass, hash, dagga, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cocaine (coke, crack, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Amphetamine type stimulants (speed, diet pills, ecstasy, Tik, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Opioids (heroin, morphine, methadone, codeine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Other, please specify

Question 5

In the past three months, how often have you failed to do what was normally expected of you because of your use of (FIRST DRUG, SECOND DRUG, ETC)?

Mwezi itatu yapitayi, ndikangati mwakanika kupanga zomwe mmayenera kupanga chifukea chogwilisa ntchito makhwala (makhwala oyamba, achiwiri, achitatu)?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcoholic beverages (beer, wine, spirits, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cannabis (marijuana, pot, grass, hash, dagga etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cocaine (coke, crack, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Amphetamine type stimulants (speed, diet pills, ecstasy, Tik, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Opioids (heroin, morphine, methadone, codeine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Other, please specify

Question 6

Has a friend or relative or anyone else ever expressed concern about your use of (FIRST DRUG, SECOND DRUG, ETC)?

Alipo wachibale kapena mzanu wadandaulapo kagwilisidwe ntchito kanu ka makhwala (makhwala oyomba, achiwiri, kapena, chitatu)?

No, Never

Yes, In the past 3 months

Yes, but not in the past 3 months

a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcoholic beverages (beer, wine, spirits, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cannabis (marijuana, pot, grass, hash, dagga, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cocaine (coke, crack, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Amphetamine type stimulants (speed, diet pills, ecstasy, Tik, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Opioids (heroin, morphine, methadone, codeine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Other, please specify

Question 7

Have you ever tried and failed to control, cut down or stop using (FIRST DRUG, SECOND DRUG, ETC)?

Munayesapo kuchepesa kugwilisa ntchito (makhwala oyamba, achiwiri, achitatu makhwala koma munakanika)?

	No, Never	Yes, In the past 3 months	Yes, but not in the past 3 months
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcoholic beverages (beer, wine, spirits, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Cannabis (marijuana, pot, grass, hash, dagga, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Cocaine (coke, crack, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Amphetamine type stimulants (speed, diet pills, ecstasy, Tik, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Opioids (heroin, morphine, methadone, codeine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If Other, please specify

Question 8

Have you ever used any drug by injection (NON-MEDICAL USE ONLY)?

Munagwilisapo makhwala ozibaya (osati monga wachiptala)?

	No, Never	Yes, In the past 3 months	Yes, but not in the past 3 months
Drug use by injection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tobacco Risk Score

Tobacco - Moderate Risk

Tobacco - High Risk

Alcohol Risk Score

Alcohol - Moderate Risk

Alcohol - High Risk

Cannabis Risk Score

Cannabis - Moderate Risk

Cannabis - High Risk

Cocaine Risk Score

Cocaine - Moderate Risk

Cocaine - High Risk

Amphetamine Risk Score

Amphetamine - Moderate Risk

Amphetamine - High Risk

Inhalants Risk Score

Inhalants - Moderate Risk

Inhalants - High Risk

Sedatives Risk Score

Sedatives - Moderate Risk

Sedatives - High Risk

Hallucinogens Risk Score

Hallucinogens - Moderate Risk

Hallucinogens - High Risk

Opioids Risk Score

Opioids - Moderate Risk

Opioids - High Risk

Other Drugs Risk Score

Other Drugs - Moderate Risk

Other Drugs - High Risk

Notes/Comments:

Completed by (assessor's name):

In which language(s) was this tool administered?

- ☐ Chichewa
☐ English
☐ Other

If other language, please specify:

Was a translator involved in administering this tool?

☐ Yes ☐ No

Name of translator:
