

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.

Le yeminye yemibuzo malunga namava akho okusebenzisa iziyobisi ebomini bakho bonke nakwinyanga ezintathu ezidlulileyo. Eziziyobisi zinga tshwaywa, ziginywe, zirhogelwe, zitsalwe ngomoya, zitofelwe, okanye zityiwe ngamanzi. Ezinye zeziziyobisi ezikoluluhlul zingagunyazwa ngugqirha (njengee-amphetamines, i-sedatives, amayeza eentlungu). Kulemibuzo, sukuwabhalala amayeza owasebenzisa njengoko kugunyazwe ngugqirha wakho. Noko, ukuba uthe wawathatha lamayeza ngeenjongo ezingezinye kunezo zigunyazisiweyo, okanye wazithatha ngakumbi okanye kaninzi kunoko ubugunyazisiwe, nceda uzibhale. Ngoxa, sinomdla wokwazi ngokusebenzisa kwakho iziyobisi ezingekhomthethweni, nceda uqiniseke ukuba olulwazi malunga nentsebenziso enjalo luya kuphathwa njengemfihlo.

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

Ebomini bakho sesiphi isiyobisi okhe wasisebenzisa kwezi zilandelayo? (EZINGESIZO ZONYANGO).

	No	Yes
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.) Imveliso zecuba.	<input type="radio"/>	<input type="radio"/>
b. Alcoholic beverages (beer, wine, spirits, etc.) Iziselo zotywala.	<input type="radio"/>	<input type="radio"/>
c. Cannabis (marijuana, pot, grass, hash, dagga, etc.) Intsango.	<input type="radio"/>	<input type="radio"/>
d. Cocaine (coke, crack, etc.)	<input type="radio"/>	<input type="radio"/>
e. Amphetamine type stimulants (speed, diet pills, ecstasy, Tik, etc.)	<input type="radio"/>	<input type="radio"/>
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.) Ezitsalwa ngomoya.	<input type="radio"/>	<input type="radio"/>
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	<input type="radio"/>	<input type="radio"/>

- h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) ☐ ☐
- i. Opioids (heroin, morphine, methadone, codeine, cough syrup, etc.) ☐ ☐
- j. Other - specify: Enye, cacisa. ☐ ☐

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)?

Kwezinyanga zintathu zidlulileyo, uzisebenzise kangaphi eziziyobisi uzichazileyo?

	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)?

Kwezinyanga zintathu zidlulileyo, kukangaphi uziva unomnqweno ongamandla wokusisebenzisa...?

	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?

Kwezinyanga zintathu zidlulileyo, kukangaphi eziziyobisi zikukhokelela kwingxaki zempilo, zoluntu, zomthetho, nezemali?

Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
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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)?

Kwezinyanga zintathu zidlulileyo, kukangaphi usahluleka ukwenza izinto ezilindeleke ukuba uzenze ngenxa yokusebenzisa kwakho?

	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)?

Ingaba kukho umhlobo okanye isalamane okanye nabani na othe wabonakalisa inkxalabo ngokusebenzisa kwakho?

	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)?

Ingaba wakhe wazama ukwehlisa okanye ukuyeka ukusebenzisa esisiyobisi?

	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)?

Ingaba wakhe wasebenzisa nasiphi na isiyobisi ngokuzitofela (EZINGESIZO ZONYANGO)?

	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?

☐ Xhosa ☐ English ☐ Other

If other language, please specify:

Was a translator involved in administering this tool?

☐ Yes ☐ No

Name of translator:

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