

NIDA QS1

Humeiuk et al. (2008) Validation of the alcohol, smoking and substance involvement screening test (ASSIST)

PMID: 18373724 <https://doi.org/10.1111/j.1360-0443.2007.02114.x>

1. In your LIFETIME, which of the following substances have you EVER used?

	No	Yes
Cannabis (marijuana, pot, grass, hash, etc.)	<input type="radio"/>	<input type="radio"/>
Cocaine (coke, crack, etc.)	<input type="radio"/>	<input type="radio"/>
Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	<input type="radio"/>	<input type="radio"/>
Methamphetamine (speed, crystal meth, ice, etc.)	<input type="radio"/>	<input type="radio"/>
Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	<input type="radio"/>	<input type="radio"/>
Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)	<input type="radio"/>	<input type="radio"/>
Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	<input type="radio"/>	<input type="radio"/>
Street opioids (heroin, opium, etc.)	<input type="radio"/>	<input type="radio"/>
Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	<input type="radio"/>	<input type="radio"/>

2. In the PAST 3 MONTHS , how often have you used the substances you mentioned?

Cannabis (marijuana, pot, grass, hash, etc.)

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

Cocaine (coke, crack, etc.)

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

Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)

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

Methamphetamine (speed, crystal meth, ice, etc.)

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

Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)

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

Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)

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

Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)

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

Street opioids (heroin, opium, etc.)

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

Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)

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

3. In the PAST 3 MONTHS , how often have you had a strong desire or urge to use the substances you mentioned?

Cannabis (marijuana, pot, grass, hash, etc.)

- Never
 Once or Twice
 Monthly
 Weekly
 Daily or Almost Daily

Cocaine (coke, crack, etc.)

- Never
 Once or Twice
 Monthly
 Weekly
 Daily or Almost Daily

Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)

- Never
 Once or Twice
 Monthly
 Weekly
 Daily or Almost Daily

Methamphetamine (speed, crystal meth, ice, etc.)

- Never
 Once or Twice
 Monthly
 Weekly
 Daily or Almost Daily

Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)

- Never
 Once or Twice
 Monthly
 Weekly
 Daily or Almost Daily

Sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)

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Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)

- Never
 Once or Twice
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 Daily or Almost Daily

Street Opioids (heroin, opium, etc.)

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

Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)

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

4. In the PAST 3 MONTHS , how often has your use of the substances you mentioned led to health, social, legal or financial problems?

Cannabis (marijuana, pot, grass, hash, etc.)

- Never
 Once or Twice
 Monthly
 Weekly
 Daily or Almost daily

Cocaine (coke, crack, etc.)

- Never
 Once or Twice
 Monthly
 Weekly
 Daily or Almost daily

Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)

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 Once or Twice
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Methamphetamine (speed, crystal meth, ice, etc.)

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- Monthly
- Weekly
- Daily or Almost daily

Prescribed opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)

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

5. In the PAST 3 MONTHS , how often have you failed to do what was normally expected of you because of your use of the substances you mentioned?

Cannabis (marijuana, pot, grass, hash, etc.)

- Never
- Once or twice
- Monthly
- Weekly
- Daily or almost daily

Cocaine (coke, crack, etc.)

- Never
- Once or twice
- Monthly
- Weekly
- Daily or almost daily

Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)

- Never
- Once or twice
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Methamphetamine (speed, crystalmeth, ice, etc.)

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- Weekly
- Daily or almost daily

Prescribed opioids (fentanyl, oxycodone[OxyContin, Percocet], hydrocodone[Vicodin], methadone, buprenorphine, etc.)

- Never
- Once or twice
- Monthly
- Weekly
- Daily or almost daily

6. Has a friend or relative or anyone else EVER expressed concern about your use of the substances you mentioned?

Cannabis (marijuana, pot, grass, hash, etc.)

- No, never
 Yes, but not in the past 3 months
 Yes, in the past 3 months

Cocaine (coke, crack, etc.)

- No, never
 Yes, but not in the past 3 months
 Yes, in the past 3 months

Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)

- No, never
 Yes, but not in the past 3 months
 Yes, in the past 3 months

Methamphetamine (speed, crystal meth, ice, etc.)

- No, never
 Yes, but not in the past 3 months
 Yes, in the past 3 months

Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)

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 Yes, but not in the past 3 months
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Sedatives or sleeping pills (Valium, Serepax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)

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Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)

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Street opioids (heroin, opium, etc.)

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 Yes, but not in the past 3 months
 Yes, in the past 3 months

Prescribed opioids (fentanyl, oxycodone[OxyContin, Percocet], hydrocodone[Vicodin], methadone, buprenorphine, etc.)

- No, never
 Yes, but not in the past 3 months
 Yes, in the past 3 months

7. Have you EVER tried and failed to control, cut down or stop using the substances you mentioned?

Cannabis (marijuana, pot, grass, hash, etc.)

- No, never
 Yes, but not in the past 3 months
 Yes, in the past 3 months

Cocaine (coke, crack, etc.)

- No, never
 Yes, but not in the past 3 months
 Yes, in the past 3 months

Prescribed Amphetamine type stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)

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Prescribed opioids (fentanyl, oxycodone[OxyContin, Percocet], hydrocodone[Vicodin], methadone, buprenorphine, etc.)

- No, never
 Yes, but not in the past 3 months
 Yes, in the past 3 months

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

- No, never
- Yes, but not in the past 3 months
- Yes, in the past 3 months

Cannabis Total

(Exclusion (27+))

Cocaine Total

(Exclusion (27+))

Prescribed Stimulants Total

(Exclusion (27+))

Methamphetamine Total

(Exclusion (27+))

Inhalants Total

(Exclusion (27+))

Sedatives or Sleeping Pills Total

(Exclusion (27+))

Hallucinogens Total

(Exclusion (27+))

Street Opioid Total

(Exclusion (27+))

Prescribed Opioid Total

(Exclusion (27+))