

The questions below relate to your experiences with alcohol, tobacco, and other drugs. Some of the substances can be prescribed by a doctor or dentist (like pain medications). But we are only concerned with those if you have taken them for reasons other than prescribed, or in different doses than prescribed. This information is an important part of your medical history and will help us in our mission to give you the most appropriate and comprehensive care. We are interested in knowing about the substances you have used in the past 3 months.

Please check the box that represents your answer for each item.

1. In the past three months, how often have you used the following substances?	Never	Once or Twice	1-3 times per month	1-4 times per week	Daily or Almost Daily
	0	2	3	4	6
a. Tobacco products such as cigarettes, chewing tobacco, cigars, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcoholic beverages such as beer, wine, hard liquor, etc. [MALES] Have you had 5 or more drinks on one occasion? Yes <input type="checkbox"/> No <input type="checkbox"/> [FEMALES] Have you had 4 or more drinks on one occasion? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Marijuana, pot, grass, reefer, weed, ganja, hash, chronic, blunts etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cocaine or Crack, coke, blow, snow, flake, toot, rock, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Prescription stimulants such as Ritalin, Concerta, Adderall, diet pills, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Methamphetamine, uppers, speed, crystal meth, ice, glass, fire, crank, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sedatives or sleeping pills such as Valium, Ativan, Xanax, Halcion, Librium, Rohypnol (roofies, roche, cope), Serepax, Seconal, Phenobarbital, GHB, Ketamine (Special K), downers, tranquilizers, sedatives, hypnotics, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Prescription pain medication such as fentanyl, oxycodone, OxyContin, Percocet, hydrocodone, Vicodin, methadone, buprenorphine, codeine, Darvon, Dilaudid, Demerol, morphine, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Heroin, opium, Smack, H, Junk, Skag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other (e.g., Ecstasy, Molly, MDMA, Hallucinogens, Inhalants, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'Never' to all of the above, stop here.

2. For the substances you used in the past 3 months, has a friend or relative or anyone else <u>ever</u> expressed concern about your use?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months	For office use only			
	0	6	3	Your Score	Low	Mod.	High
a. Tobacco products or cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0	2-6	7-12
b. Alcoholic beverages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0-5	6-8	9-12
c. Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0	2-6	7-12
d. Cocaine or Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0	2-6	7-12
e. Prescription stimulants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0	2-6	7-12
f. Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0	2-6	7-12
g. Sedatives or sleeping pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0	2-6	7-12
h. Prescription pain medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0	2-6	7-12
i. Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0	2-6	7-12
j. Other – specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0	2-6	7-12

What Your Score Means:

Low:	You are at low risk of health and other problems from your current pattern of use.
Moderate:	You are at risk of health and other problems from your current pattern of substance use.
High:	You are at high risk of experiencing severe problems (health, social, financial, legal, relationship) as a result of your current pattern of use.

ASSIST-FC* Administration and Scoring Procedures

Alcohol, Smoking, and Substance Involvement Screening Test, Frequency and Concern items

Introduction and Administration.

The ASSIST-FC is developed for use as an interviewer-administered screening tool and is intended to identify substances that the patient is currently involved with. It has not yet been empirically tested as a self-administered questionnaire. Ideally, the interviewer would ask questions, probing as necessary to obtain accurate information. Question 2 is intended to be asked only for substances recently used (affirmative response for Question 1). When the ASSIST-FC is used as a self-administered questionnaire, patients might record that someone previously expressed concern about their use of a substance that they are not currently using. For example, the patient may record that, in the past, someone expressed concern about their use of cocaine, despite not having used in many years. Because the ASSIST-FC is intended to be a quick assessment of *current* substance use, this response would be ignored for the scoring of the assessment. Note, however, that this information may be an important part of the patient's substance use history.

Question 1. An answer should be recorded for each substance category in Question 1. If a substance was never used, or has not been used in the past 3 months, "Never" should be checked.

Question 2. An answer should be recorded only for substances the patient reports using in the past 3 months (Question 1).

Scoring Procedures for All Substances.

A score should be calculated for each substance the patient is *currently* using (used in the past 3 months).

Sum Questions 1 and 2 for each individual substance category (a-j). Note, as indicated above, Question 2 should only be recorded for substances identified in Question 1.

For example: Tobacco Score=Q1a+Q2a; Marijuana Score=Q1c+Q2c.

The range for each substance is 0-12.

The score ranges and associated risk levels are as follows:

Risk Level	Score Range for Tobacco and Other Drugs	Score Range for Alcohol	Meaning
Low	0	0-5	You are at low risk of health and other problems from your current pattern of substance use.
Moderate	2-6	6-8	You are at risk of health and other problems from your current pattern of substance use.
High	7-12	9-12	You are at high risk of experiencing severe problems (health, social, financial, legal, relationship) as a result of your current pattern of use.

Additional Scoring Procedures for Alcohol.

If the patient indicates that they drink 5 (males)/4 (females) or more drinks on one occasion (Question 1b), a brief intervention is recommended, even if the ASSIST-FC Alcohol Score is classified as Low (0-5).

For example: [MALES] Have you had 5 or more drinks on one occasion? Yes No

This man indicates having 5 or more drinks on one occasion so a brief intervention is recommended to educate the patient on lower-risk drinking guidelines even if his ASSIST-FC Alcohol Score is Low (0-5).