

**WHO ASSIST** version 2.1

Many drugs and medications can affect your health. The following questions ask about your use of alcohol, tobacco products and other drugs. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills (SHOW DRUG CARD).

Some of the substances listed may be prescribed by a doctor. For this interview, we will **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 let me know. While we are interested in knowing about your use of various illicit/illegal drugs, please be assured that this information will be strictly confidential.

1. *I'm going to read a list of substances. Please tell me yes or no if you have **ever** tried any of them in your **life**.* (non-medical use only)

	<i>No</i>	<i>Yes</i>
a. Tobacco products	0	1
b. Alcoholic beverages	0	1
c. Ganja	0	1
d. Cocaine	0	1
e. Amphetamines	0	1
f. Inhalants	0	1
g. Sedatives/Sleeping Pills	0	1
h. Hallucinogens	0	1
i. Opiates	0	1
j. Other - specify	0	1

Probe if all answers are negative: *Have you ever tried any? Not even when you were in school? Not even when you were younger?*

If 'No' to **all** items (>> **stop interview**).

If 'Yes' to any of these items, (>> Question 2 for **each** substance ever used).

ID \_\_\_\_\_

Date \_\_\_\_\_

Interviewer \_\_\_\_\_

2. During the ***past three months***, from \_\_\_\_\_ till now, how often have you used \_\_\_\_\_ (insert name of first, second drug, etc.)?

	Never	Once/Twice	Monthly	Weekly	Daily/Almost Daily
a. Tobacco products	0	1	2	3	4
b. Alcoholic beverages	0	1	2	3	4
c. Ganja	0	1	2	3	4
d. Cocaine	0	1	2	3	4
e. Amphetamines	0	1	2	3	4
f. Inhalants	0	1	2	3	4
g. Sedatives/Sleeping Pills	0	1	2	3	4
h. Hallucinogens	0	1	2	3	4
i. Opiates	0	1	2	3	4
j. Other - specify	0	1	2	3	4

If 'Never' to **all** items in Question 2, (>> Question 6).

If any substances in Question 2 used in previous three months, continue with Questions 3, 4 & 5 for **each substance** used.

3. During the ***past three months***, from \_\_\_\_\_ till now, how often have you had strong desire or craving to use \_\_\_\_\_ (insert name of first drug, second drug, etc.) - (*Yuh really want it bad bad/ Yuh feel for it?*)

	Never	Once/Twice	Monthly	Weekly	Daily/Almost Daily
a. Tobacco products	0	1	2	3	4
b. Alcoholic beverages	0	1	2	3	4
c. Ganja	0	1	2	3	4
d. Cocaine	0	1	2	3	4
e. Amphetamines	0	1	2	3	4
f. Inhalants	0	1	2	3	4
g. Sedatives/Sleeping Pills	0	1	2	3	4
h. Hallucinogens	0	1	2	3	4
i. Opiates	0	1	2	3	4
j. Other - specify	0	1	2	3	4

ID \_\_\_\_\_

Date \_\_\_\_\_

Interviewer \_\_\_\_\_

4. During the ***past three months***, from \_\_\_\_\_ till now, how often has your use of \_\_\_\_\_ (insert name of first drug, second drug, etc.) led to health problems, police problems or money problems?

	Never	Once/Twice	Monthly	Weekly	Daily/Almost Daily
a. Tobacco products	0	1	2	3	4
b. Alcoholic beverages	0	1	2	3	4
c. Ganja	0	1	2	3	4
d. Cocaine	0	1	2	3	4
e. Amphetamines	0	1	2	3	4
f. Inhalants	0	1	2	3	4
g. Sedatives/Sleeping Pills	0	1	2	3	4
h. Hallucinogens	0	1	2	3	4
i. Opiates	0	1	2	3	4
j. Other - specify	0	1	2	3	4

5. During the ***past three months***, from \_\_\_\_\_ till now, how often have you failed to do your usual activities (e.g. on the job or at home) because of your use of \_\_\_\_\_ (insert name of first drug, second drug, etc.)?

	Never	Once/Twice	Monthly	Weekly	Daily/Almost Daily
a. Tobacco products	0	1	2	3	4
b. Alcoholic beverages	0	1	2	3	4
c. Ganja	0	1	2	3	4
d. Cocaine	0	1	2	3	4
e. Amphetamines	0	1	2	3	4
f. Inhalants	0	1	2	3	4
g. Sedatives/Sleeping Pills	0	1	2	3	4
h. Hallucinogens	0	1	2	3	4
i. Opiates	0	1	2	3	4
j. Other - specify	0	1	2	3	4

ID \_\_\_\_\_

Date \_\_\_\_\_

Interviewer \_\_\_\_\_

Ask **Questions 6&7** for all substances **ever** used (i.e. those endorsed in Question 1)

6. *Has a friend or relative or anyone else **ever** expressed concern about your use of \_\_\_\_\_*

(insert name of first drug, second drug, etc.)?

	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products	0	2	1
b. Alcoholic beverages	0	2	1
c. Ganja	0	2	1
d. Cocaine	0	2	1
e. Amphetamines	0	2	1
f. Inhalants	0	2	1
g. Sedatives/Sleeping Pills	0	2	1
h. Hallucinogens	0	2	1
i. Opiates	0	2	1
j. Other - specify	0	2	1

7. *Have you **ever** tried and failed to control, cut down or stop using \_\_\_\_\_* (insert name of first drug, second drug, etc.)?

	No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products	0	2	1
b. Alcoholic beverages	0	2	1
c. Ganja	0	2	1
d. Cocaine	0	2	1
e. Amphetamines	0	2	1
f. Inhalants	0	2	1
g. Sedatives/Sleeping Pills	0	2	1
h. Hallucinogens	0	2	1
i. Opiates	0	2	1
j. Other - specify	0	2	1

ID\_\_\_\_\_

Date \_\_\_\_\_

Interviewer\_\_\_\_\_

8. *Have you **ever** used any drug by injection?* (non-medical use only)

No, Never	Yes, in the past 3 months	Yes, but not in the past 3 months
0	2	1