

WHO - ASSIST TRAINING SESSION

CHLOE'S RESPONSES

CLINICIAN ID

CLINIC

PATIENT ID

DATE

1	6	0	8	0	4
---	---	---	---	---	---

INTRODUCTION *(Please read to patient. Can be adapted for local circumstances)*

(Many drugs & medications can affect your health. It is important for your health care provider to have accurate information about your use of various substances, in order to provide the best possible care.)

The following questions ask about your experience of using alcohol, tobacco products and other drugs 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 (show drug card).

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). 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 also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

NOTE: BEFORE ASKING QUESTIONS, GIVE ASSIST RESPONSE CARD TO PATIENT

Question 1

In your life, which of the following substances have you <u>ever used</u> ? (NON-MEDICAL USE ONLY)	
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	Yes
b. Alcoholic beverages (beer, wine, spirits, etc.)	Yes
c. Cannabis (marijuana, pot, grass, hash, etc.)	Yes
d. Cocaine (coke, crack, etc.)	No
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	Yes
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	Yes
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	Yes
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	No
i. Opioids (heroin, morphine, methadone, codeine, etc.)	No
j. Other - specify:	No

Probe if all answers are negative:
 "Not even when you were in school?"

If "No" to all items, stop interview.

If "Yes" to any of these items, ask Question 2 for each substance ever used.

Question 2

In the <u>past three months</u>, how often have you used the substances you mentioned (<i>FIRST DRUG, SECOND DRUG, ETC</i>)?	
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	Everyday
b. Alcoholic beverages (beer, wine, spirits, etc.)	Everyday
c. Cannabis (marijuana, pot, grass, hash, etc.)	Once or twice
d. Cocaine (coke, crack, etc.)	(never tried coke)
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	About once a week
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	I've used nitrous twice
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	Haven't used them in last 3 mo.
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	(never tried hallucinogens)
i. Opioids (heroin, morphine, methadone, codeine, etc.)	(never tried opioids)
j. Other - specify:	(never tried other drugs)

If "Never" to all items in Question 2, skip to Question 6.

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

Question 3

During the <u>past three months</u>, how often have you had a strong desire or urge to use (<i>FIRST DRUG, SECOND DRUG, ETC</i>)?	
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	Everyday
b. Alcoholic beverages (beer, wine, spirits, etc.)	I've had <i>some</i> desire to drink but I wouldn't say a <i>strong</i> desire so I would have say never in the last 3 months.
c. Cannabis (marijuana, pot, grass, hash, etc.)	Never
d. Cocaine (coke, crack, etc.)	(never tried coke)
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	Probably have had a really strong craving for speed once or twice in the last 3 months
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	Never
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	(Haven't used them in last 3 mo.)
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	(never tried hallucinogens)
i. Opioids (heroin, morphine, methadone, codeine, etc.)	(never tried opioids)
j. Other - specify:	(never tried other drugs)

Question 4

During the <u>past three months</u>, how often has your use of (<i>FIRST DRUG, SECOND DRUG, ETC</i>) led to health, social, legal or financial problems?	
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	Once or twice in the last 3 months I've noticed that I have been really out of breath after exercise and I think its because of smoking
b. Alcoholic beverages (beer, wine, spirits, etc.)	I've had really bad hangovers on average a couple of times a month
c. Cannabis (marijuana, pot, grass, hash, etc.)	Never
d. Cocaine (coke, crack, etc.)	(never tried coke)
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	I've run out of money twice in the last three months because of buying speed and I've had some problems paying my bills
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	Never
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	(Haven't used them in last 3 mo.)
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	(never tried hallucinogens)
i. Opioids (heroin, morphine, methadone, codeine, etc.)	(never tried opioids)
j. Other - specify:	(never tried other drugs)

Question 5

During the <u>past three months</u>, how often have you failed to do what was normally expected of you because of your use of (<i>FIRST DRUG, SECOND DRUG, ETC</i>)?	
a. Tobacco products	
b. Alcoholic beverages (beer, wine, spirits, etc.)	Never
c. Cannabis (marijuana, pot, grass, hash, etc.)	Never
d. Cocaine (coke, crack, etc.)	(never tried coke)
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	Never
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	Never
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	(Haven't used them in last 3 mo.)
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	(never tried hallucinogens)
i. Opioids (heroin, morphine, methadone, codeine, etc.)	(never tried opioids)
j. Other - specify:	(never tried other drugs)

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

Question 6

Has a friend or relative or anyone else <u>ever</u> expressed concern about your use of (FIRST DRUG, SECOND DRUG, ETC.)?	
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	Yes, my doctor said I should stop smoking about a year ago, but not since then
b. Alcoholic beverages (beer, wine, spirits, etc.)	Yes, but not in the past 3 months
c. Cannabis (marijuana, pot, grass, hash, etc.)	Never
d. Cocaine (coke, crack, etc.)	(never tried coke)
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	Yes, my boyfriend did last month
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	No never
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	Yes, but not in the past 3 months
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	(never tried hallucinogens)
i. Opioids (heroin, morphine, methadone, codeine, etc.)	(never tried opioids)
j. Other – specify:	(never tried other drugs)

Question 7

Have you <u>ever</u> tried and failed to control, cut down or stop using (FIRST DRUG, SECOND DRUG, ETC.)?	
a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	Yes, I've tried in the last 3 months but I haven't been successful
b. Alcoholic beverages (beer, wine, spirits, etc.)	Never tried
c. Cannabis (marijuana, pot, grass, hash, etc.)	Never
d. Cocaine (coke, crack, etc.)	(never tried coke)
e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	Never
f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	Never
g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	I used to use a lot of Valium and had to cut down on it but I was successful
h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	(never tried hallucinogens)
i. Opioids (heroin, morphine, methadone, codeine, etc.)	(never tried opioids)
j. Other – specify:	(never tried other drugs)

Question 8

<p>Have you <u>ever</u> used any drug by injection? (NON-MEDICAL USE ONLY)</p>	Never

IMPORTANT NOTE:

Patients who have injected drugs in the last 3 months should be asked about their pattern of injecting during this period, to determine their risk levels and the best course of intervention.

PATTERN OF INJECTING

INTERVENTION GUIDELINES

Once weekly or less *or*
Fewer than 3 days in a row

Brief Intervention including “risks associated with injecting” card

More than once per week *or*
3 or more days in a row

Further assessment and more intensive treatment*

HOW TO CALCULATE A SPECIFIC SUBSTANCE INVOLVEMENT SCORE.

For each substance (labelled a. to j.) add up the scores received for questions 2 through 7 inclusive. Do not include the results from either Q1 or Q8 in this score. For example, a score for cannabis would be calculated as: **Q2c + Q3c + Q4c + Q5c + Q6c + Q7c**

Note that Q5 for tobacco is not coded, and is calculated as: **Q2a + Q3a + Q4a + Q6a + Q7a**

THE TYPE OF INTERVENTION IS DETERMINED BY THE PATIENT’S SPECIFIC SUBSTANCE INVOLVEMENT SCORE

	Record specific substance score	no intervention	receive brief intervention	more intensive treatment *
a. tobacco	25	0 - 3	4 - 26	27+
b. alcohol	14	0 - 10	11 - 26	27+
c. cannabis	2	0 - 3	4 - 26	27+
d. cocaine	0	0 - 3	4 - 26	27+
e. amphetamine	17	0 - 3	4 - 26	27+
f. inhalants	2	0 - 3	4 - 26	27+
g. sedatives	3	0 - 3	4 - 26	27+
h. hallucinogens	0	0 - 3	4 - 26	27+
i. opioids	0	0 - 3	4 - 26	27+
j. other drugs	0	0 - 3	4 - 26	27+

NOTE: *FURTHER ASSESSMENT AND MORE INTENSIVE TREATMENT may be provided by the health professional(s) within your primary care setting, or, by a specialist drug and alcohol treatment service when available.