

## The Alcohol, Smoking and Substance Involvement Screening Test

Veteran's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Veteran's DOB: \_\_\_\_\_

Last four digits of SSN: \_\_\_\_\_

Staff: \_\_\_\_\_

Location: \_\_\_\_\_

Question 1: In your life, which of the following substances have you ever used? (Do not count medication taken as prescribed, but do record it here if taken more often, or at higher doses, than prescribed.)

1a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)

0. No  1. Yes

1b. Alcoholic beverages (beer, wine, spirits, etc.)

0. No  1. Yes

1c. Cannabis (marijuana, pot, grass, hash, etc.)

0. No  1. Yes

1d. Cocaine (coke, crack, etc.)

0. No  1. Yes

1e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)

0. No  1. Yes

1f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)

0. No  1. Yes

1g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)

0. No  1. Yes

1h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)

0. No  1. Yes

1i. Opioids (heroin, morphine, methadone, codeine, etc.)

0. No  1. Yes

1j. Other

0. No  1. Yes

Specify:

---

Question 2: In the past three months, how often have you used the substances you mentioned (FIRST DRUG, SECOND DRUG, ETC)?

2a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)

0. Never: not used in the last 3 months  3. Weekly: 1 to 4 times per week.  
 1. Once or twice: 1 to 2 times in the last 3 months.  4. Daily or almost daily: 5 to 7 days per week.  
 2. Monthly: 1 to 3 times in one month.

2b. Alcoholic beverages (beer, wine, spirits, etc.)

- 0. Never: not used in the last 3 months
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

2c. Cannabis (marijuana, pot, grass, hash, etc.)

- 0. Never: not used in the last 3 months
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

2d. Cocaine (coke, crack, etc.)

- 0. Never: not used in the last 3 months
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

2e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)

- 0. Never: not used in the last 3 months
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

2f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)

- 0. Never: not used in the last 3 months
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

2g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)

- 0. Never: not used in the last 3 months
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

2h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)

- 0. Never: not used in the last 3 months
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

2i. Opioids (heroin, morphine, methadone, codeine, etc.)

- 0. Never: not used in the last 3 months
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

2j. Other (as specified previously)

- 0. Never: not used in the last 3 months
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

Question 3: During the past three months, how often have you had a strong desire or urge to use (FIRST DRUG, SECOND DRUG, ETC)?

3a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

3b. Alcoholic beverages (beer, wine, spirits, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

3c. Cannabis (marijuana, pot, grass, hash, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

3d. Cocaine (coke, crack, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

3e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

3f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

3g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

3h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

3i. Opioids (heroin, morphine, methadone, codeine, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

3j. Other (as specified previously)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

Question 4: During the past three months, how often has your use of (FIRST DRUG, SECOND DRUG, ETC) led to health, social, legal or financial problems?

4a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

4b. Alcoholic beverages (beer, wine, spirits, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

4c. Cannabis (marijuana, pot, grass, hash, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

4d. Cocaine (coke, crack, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

4e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

4f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

4g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

4h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

4i. Opioids (heroin, morphine, methadone, codeine, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

4j. Other (as specified previously)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

Question 5: During 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)?

5a. Tobacco products

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

5b. Alcoholic beverages (beer, wine, spirits, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

5c. Cannabis (marijuana, pot, grass, hash, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

5d. Cocaine (coke, crack, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

5e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

5f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

5g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

5h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

5i. Opioids (heroin, morphine, methadone, codeine, etc.)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

5j. Other (as previous specified)

- 0. Never
- 1. Once or twice: 1 to 2 times in the last 3 months.
- 2. Monthly: 1 to 3 times in one month.
- 3. Weekly: 1 to 4 times per week.
- 4. Daily or almost daily: 5 to 7 days per week.

Question 6: Has a friend or relative or anyone else EVER expressed concern about your use of (FIRST DRUG, SECOND DRUG, ETC.)?

6a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)

- 0. No, never
- 1. Yes, in the past 3 months
- 2. Yes, but not in the past 3 months

6b. Alcoholic beverages (beer, wine, spirits, etc.)

- 0. No, never
- 1. Yes, in the past 3 months
- 2. Yes, but not in the past 3 months

6c. Cannabis (marijuana, pot, grass, hash, etc.)

- 0. No, never
- 1. Yes, in the past 3 months
- 2. Yes, but not in the past 3 months

6d. Cocaine (coke, crack, etc.)

- 0. No, never
- 1. Yes, in the past 3 months
- 2. Yes, but not in the past 3 months

6e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)

- 0. No, never
- 1. Yes, in the past 3 months
- 2. Yes, but not in the past 3 months

6f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)

- 0. No, never
- 1. Yes, in the past 3 months
- 2. Yes, but not in the past 3 months

6g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)  
 0. No, never  2. Yes, but not in the past 3 months  
 1. Yes, in the past 3 months

6h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)  
 0. No, never  2. Yes, but not in the past 3 months  
 1. Yes, in the past 3 months

6i. Opioids (heroin, morphine, methadone, codeine, etc.)  
 0. No, never  2. Yes, but not in the past 3 months  
 1. Yes, in the past 3 months

6j. Other (as previously specified)  
 0. No, never  2. Yes, but not in the past 3 months  
 1. Yes, in the past 3 months

Question 7: Have you EVER tried and failed to control, cut down or stop using (FIRST DRUG, SECOND DRUG, ETC.)?

7a. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)  
 0. No, never  2. Yes, but not in the past 3 months  
 1. Yes, in the past 3 months

7b. Alcoholic beverages (beer, wine, spirits, etc.)  
 0. No, never  2. Yes, but not in the past 3 months  
 1. Yes, in the past 3 months

7c. Cannabis (marijuana, pot, grass, hash, etc.)  
 0. No, never  2. Yes, but not in the past 3 months  
 1. Yes, in the past 3 months

7d. Cocaine (coke, crack, etc.)  
 0. No, never  2. Yes, but not in the past 3 months  
 1. Yes, in the past 3 months

7e. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)  
 0. No, never  2. Yes, but not in the past 3 months  
 1. Yes, in the past 3 months

7f. Inhalants (nitrous, glue, petrol, paint thinner, etc.)  
 0. No, never  2. Yes, but not in the past 3 months  
 1. Yes, in the past 3 months

7g. Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)  
 0. No, never  2. Yes, but not in the past 3 months  
 1. Yes, in the past 3 months

7h. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)  
 0. No, never  2. Yes, but not in the past 3 months  
 1. Yes, in the past 3 months

7i. Opioids (heroin, morphine, methadone, codeine, etc.)  
 0. No, never  2. Yes, but not in the past 3 months  
 1. Yes, in the past 3 months

7j. Other (as previously specified)

0. No, never

1. Yes, in the past 3 months

2. Yes, but not in the past 3 months

8. Have you EVER used any drug by injection? (Non-medical use only)

0. No, never

1. Yes, in the past 3 months

2. Yes, but not in the past 3 months

8a. What is your pattern of injecting?

1. Once weekly or less

2. Fewer than 3 days in a row

3. More than once a week

4. Three or more days in a row