

# Guideline for Health & Wellbeing Screening for Schools & Institutions in Bhutan



**Adolescent & School Health Unit  
Family Health Program  
Department of Public Health  
Ministry of Health**

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## Abbreviations

AHB	Annual Health Bulletin
AES	Annual Education Statistics
BLSS	Bhutan Living Standard Survey
BMIS	Bhutan Multiple Indicator Survey
ENT	Ear, Nose & Throat
GSHS	Global School-Based Student Health Survey
IFA	Iron Folic Acid
NNS	National Nutrition Survey
NOHS	National Oral Health Survey
PHCB	Population & Housing Census Bhutan
VAD	Vitamin A Deficiency
SEN	Special Needs Education
SHC	School Health Coordinator
STEPS	Bhutan STEPS Survey Report
STH	Soil Transmitted Helminths
WHO	World Health Organization

## Background

Schools and institutions have been recognized worldwide as an ideal context for health promotion and education. With a majority of the young population in schools and institutions, it provides easy access to a large population equipped with the necessary tools and infrastructure to support health promotion programs. Recognizing health as a prerequisite for development and better education outcomes, a school health unit was established as early as 1984 under the then Education Division, Ministry of Social Services. In 1998, it was then established as a Comprehensive School Health Program under the Department of Public Health.

Students make up approximately 25% of the Bhutanese population (PHCB, 2017) with a total of 180,605 students currently enrolled in 561 (320 primary, 59 lower, 65 middle, 89 higher secondary, 2 special institutions & 26 tertiary institutions) schools & institutions across the country (AES, 2021). Among this population are children (5-12 years) and young people (10-24 years) who have various health needs and issues and the behaviors established during this period impact health later in life. Health issues interfere with students' ability to come to and stay in school and make the most of their opportunity to learn.

School-based health screenings have always been an integral component of school health services together with health education, micro-nutrient supplementation, De-worming and school-based immunization. Health workers have been visiting schools and carrying out dental, eye, hearing and general health assessments. This has enabled early detection, diagnosis, treatment and timely referral of health problems. School-based health screenings have also led to an awakening of health consciousness in children.

Recognizing the importance of children and young people in nation building, the Ministry of Health remains committed to accord high priority to their health and wellbeing through ensuring timely health screening services.

## Rationale

Bhutan has made significant progress in reducing mortality in children and young people. Further gains are possible by extending early detection and management of health conditions in this population. These interventions are essential to contribute towards the growth of children for well being and realization of their full potential. Health screening and early intervention services have proven in reducing the extent of disability, at improving the quality of life and enabling all persons to achieve their full potential. Moreover, burden due to non-communicable diseases, many of which set in the early life, is projected to increase substantially in Bhutan unless timely and appropriate interventions are made.

It is estimated that about one fourth of the population in the country are composed of young people and it is well-known that the early years of a child's life are most critical for both survival and development. Given that most of these children and young people are enrolled in schools, the MoH felt the need to strengthen the approach to screen, identify health conditions warranting medical attention and ensure early intervention. Furthermore, young people are found to be less

likely to seek health care services and engage in behaviors that increase the risks of poor health outcomes and account for a majority of health issues and premature mortality in adulthood.

Schools are also an ideal place for health education and promotion. With the increasing influence of the various forms of media on children and adolescents, it is imperative that they be provided access to credible information on health and development and be equipped with the skills to navigate the plethora of content available on media platforms. Health education can help children and adolescents develop functional health literacy and practice skills that are required to adopt and maintain healthy behaviors throughout their lives.

The dividends of early intervention would be huge including improvement of survival outcome, reduction of malnutrition prevalence, enhancement of cognitive development and educational attainment and overall improvement of quality of life of our future citizens. Bringing down both out of pocket expenses on belated treatment of diseases/disabilities (many of which become highly debilitating and incurable) and avoidable pressure on health systems on account of their management are among obvious benefits.

There is no doubt that health education, early identification of health conditions and their linkage to care, support and treatment through health screening and early intervention services will help us to achieve equitable child health care. In the long run, the screening intervention would bring social and economic gains, particularly for the poor and marginalized, by reducing out of pocket expenditure, burden of diseases, improving health awareness among the community, and improving professionalism in service delivery. This would lead to promotion of health among children and young people which is of fundamental value and an end in itself.

Expected outcomes of the guideline :

1. Provide a practical guide for health workers on health screening
2. Identify all health components required for health screening
3. Standardize the process of health screening in schools & institutions across the country
4. Strengthen the reporting, referral and follow-up mechanism

## Magnitude of Common Diseases & Issues Among Children & Adolescents

**Reactive airway disease** is a general term that does not indicate a specific diagnosis. It may be used to describe a history of coughing, wheezing or shortness of breath triggered by infection. Reactive airway disease has a large differential diagnosis. It also has symptoms similar to the **common cold**, which is a viral infectious disease of the upper respiratory tract that primarily affects the nose. Common cold is reported to be the top cause of morbidity in the country not only among children and young people but also the rest of the population (AHB, 2022).

**Otitis Media** is inflammation of the middle ear marked especially by pain, fever, dizziness, and hearing loss. The school going children are more vulnerable to this problem. 1167 cases with Otitis Media were reported among children (5-9 years) and 3530 cases among young people

(10-24) (AHB, 2022). Additionally, children are also more likely to have **impacted wax** which can cause similar discomfort as otitis media.

Issues with the eye like conjunctivitis, cataract and refractive errors were also contributed to a significant cause of morbidity. **Conjunctivitis**, which is an inflammation or infection of the conjunctiva, is transmissible but easily preventable through basic hygienic measures like hand washing. A total of 4784 (5-9 years: 891 cases; 10-24 years: 3893 cases) cases were reported in the past one year (AHB, 2022). **Cataract** is less common among this age group with a total of 369 cases reported, however it is a cause of poor vision that must be addressed especially in this productive period of life. 2021 saw the highest cases of **refractive errors** in the past 5 years with a total of 7332 cases out of which 2779 were reported for the 5-24 age group (AHB, 2022).

**Dental caries** and gum infections are common diseases of the oral cavity and constitute one of the highest morbidities with an increasing trend from 2014-2021 (AHB, 2022). Dental caries is one of the commonest non-communicable diseases (NCDs) worldwide with >96% prevalence and is the main reason for hospitalization of children (WHO, 2017).

**Convulsive disorders** may occur for many reasons, especially in *children*. In Bhutan, as of now there is no data available for convulsive disorder. The Annual Health Bulletin reported that about 203 children (5-9 years) and 2576 young people (10-24 years) came for medical attention for epilepsy (2022). Early screening is very important to prevent children from developing epilepsy in their adulthood.

**Skin conditions** (scabies, fungal infection and eczema): The most common skin infection among Bhutanese children are scabies followed by other skin diseases. A total of 5711 scabies cases were reported in health centers among children and young people. Skin infections and other disorders of the skin and subcutaneous tissues among this group were reported to be 32,932 and 36,311 respectively (AHB, 2022).

## Deficiencies

**Severe anemia** among children causes many serious public health problems in developing countries. Many children, especially from developing countries and disadvantaged societies enter into adulthood with nutritional deficiencies; mostly iron deficiency anemia (IDA). Prevalence of anemia is 30.3% among adolescent girls which is relatively high in the region (NNS, 2015). Iron deficiency anemia is a major public health problem among women, children and young adults in the majority of Asian countries including Bhutan (Clark, 2008).

**Vitamin A deficiency** is the leading cause of preventable blindness in children, WHO (2016) estimated 250 million preschool children are vitamin A deficiency. Night blindness is one of

major complications of vitamin A deficiency, it can also lead to impaired other systemic function.

**Vitamin D deficiency** is often a silent disease. As observed in the general Bhutanese population, children and adolescents also have VAD. In children, proper history and screening will help early diagnosis and prevent complications due to VAD.

**Mental health screening** Common and prevalent mental disorders in the country are anxiety, depression and mental and behavioral disorders due to alcohol and substance abuse. Suicide cases and incidence of self harm have also been increasing over the years particularly, among the younger age group. There were 11 cases of **anxiety** reported among children (5-9 years) and 1163 cases among young people (10-24 years). One case of **depression** was reported among children and 681 cases among young people. **Mental & behavioral disorders due to alcohol and substance abuse** were reported at 157 and 307 respectively among young people. (AHB, 2022). School-based risk assessment survey, 2016, found that about 11.6% of students had suicidal ideation, 13.7% had suicidal ideation with a plan and 11.3% had history of attempted suicide (GSHS, 2016).

## Modality of Screening

The comprehensive school health screening shall be **mandatory for students in class PP-VI** at least once a year. The incidence and the prevalence of the disease are more in the younger age groups. Older students are better able to express any health issues that they may have and must be facilitated in receiving health service by the school administration at the nearest health facility.

Hence, health screening must be provided to students in class PP-VI and if required to older students with any health issues/complaints. However, older students must be line-listed beforehand and notified to the screening team.

Health education must be provided to all students especially to those not covered by the screening program by the Adolescent Health Focal or a relevant healthcare professional. It must be provided at the time of screening or at any other times as and when required by the school.

The following services must be provided:

- A. Screening:
  - 1. General assessment
  - 2. Eye
  - 3. ENT
  - 4. Oral
  - 5. Mental Health & Wellbeing
- B. Health Education



The screening team must be composed of the following health professionals:

SN	Component	Health Professional
1	General assessment	Medical doctor <b>OR</b> Health assistant where there is no doctor
		Echotechnician
2	Eye	Ophthalmic Assistant/Optometrists
3	ENT	ENT Technicians
4	Oral	Dentist/Dental Hygienist
5	Health education	Adolescent Health Focal <b>OR</b> Any of the health screening team members
6	Mental health & wellbeing	Self administered (Class VII-XII) Facilitated by Wellbeing Focal Teachers - Class PP-VI (in schools without SGC) and School Guidance Counselor

## Frequency

Health screening must be conducted **at least once a year** for every school and institution. Preferably during the month of **April and May or September and October**. **Health education** must be provided **at least twice a year** during the screening program or at any other suitable day.

## Confidentiality & Privacy

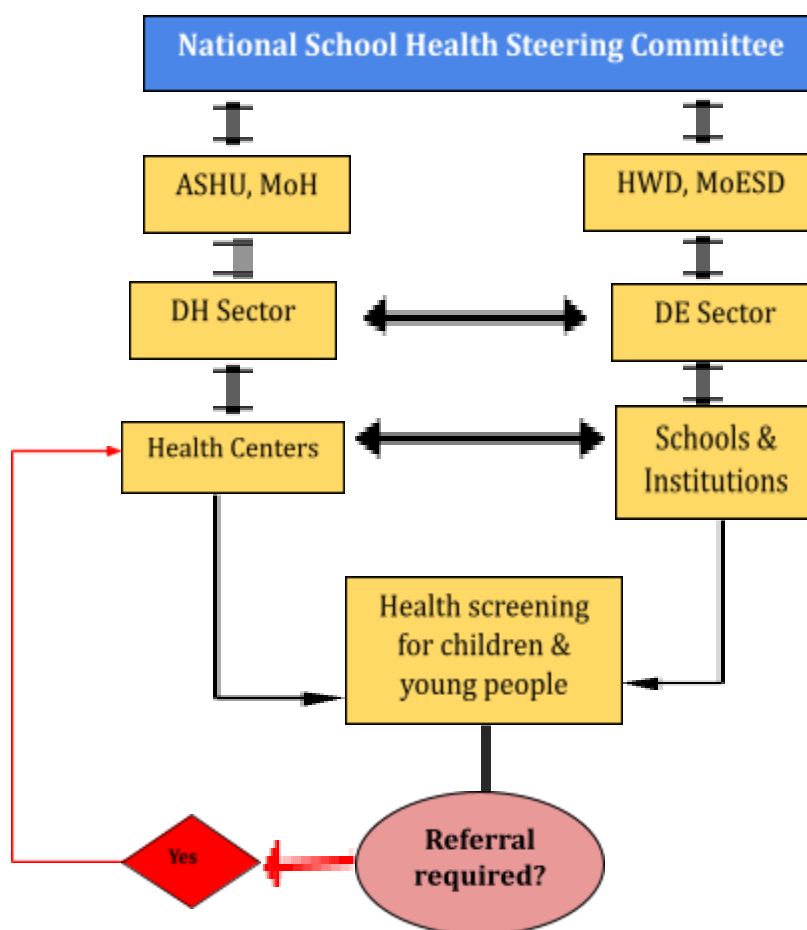
- Confidentiality must be maintained as per the 'Code of Conduct, Ethics, Etiquettes for Medical & Health Professionals'.
- The SHC should control the inflow of students into the screening room so that privacy can be maintained.
- A female teacher/staff should be present during the examination of the female students and vice versa if the health worker is of other gender.

## Recording of Information and Reporting

- The health worker should document all the information in the individual student health handbook, including the provisional diagnosis, treatment and referral when indicated.

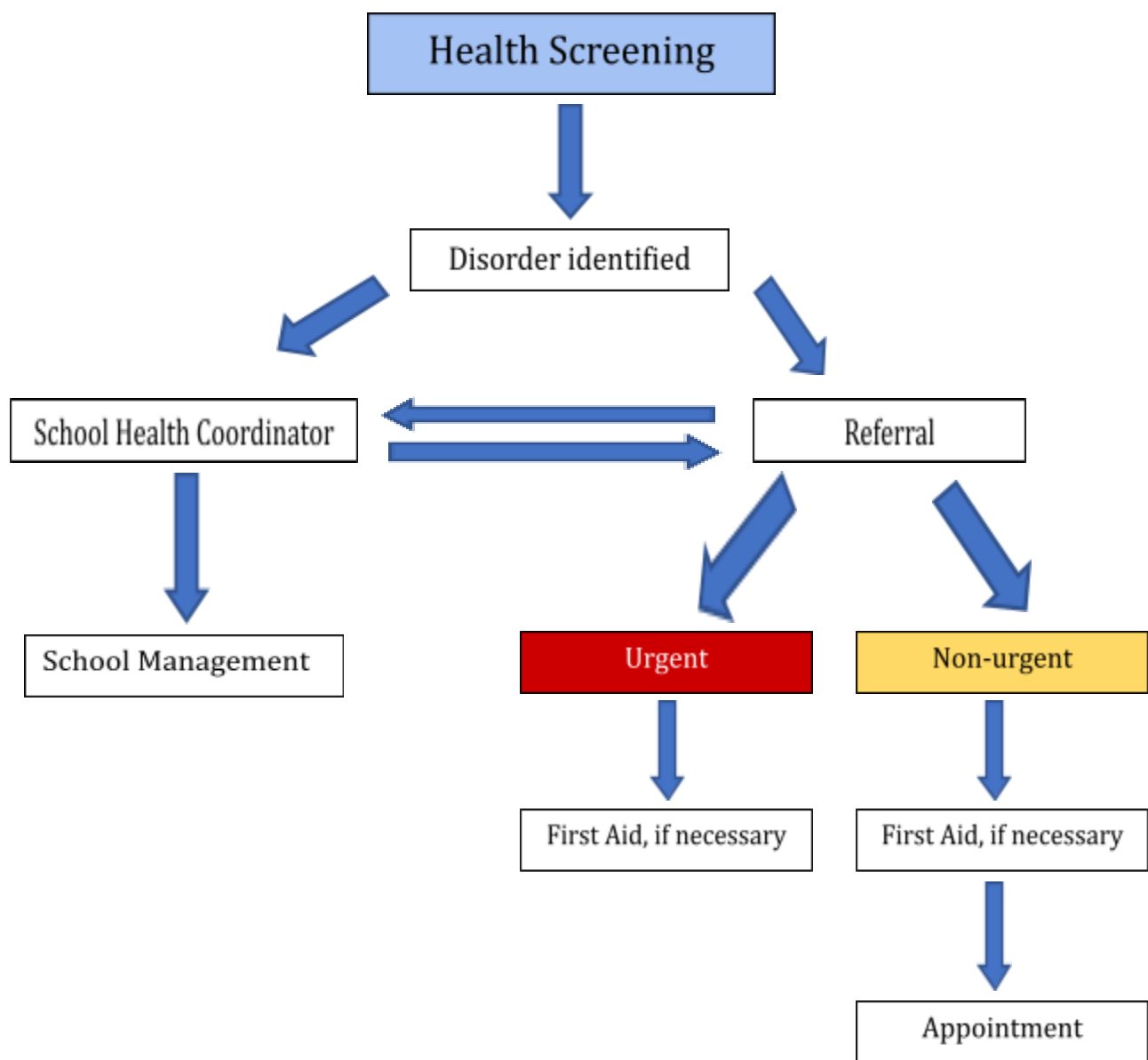
- The health worker on duty should duly fill in the recording information forms attached in annexures for hospital record (hard copy) as well as for reporting to the program (as soft copy):
  - Form I: For reporting to the Adolescent and School Health Unit, MoH and Health & Wellbeing Division, MoESD.
- At the end of the screening program, the medical team should share a copy of the details of all the students who need special interventions or referrals to the school authority for necessary action.

### National School-based Health Screening and Reporting Mechanism





## Referral & Follow-up Mechanism



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## GENERAL HEALTH SCREENING

General health screenings play an integral part in a child's development and well-being. The tests, checkups, and thorough screenings that they are given in school/institutions can help detect potential health problems and improve the overall health of every child and young person.

### Screening Checklist:

1. Anthropometric measurements (Height, weight, BMI)
2. Physical examination:
  - a. General (clubbing, cyanosis, pallor, edema)
  - b. Heart and lungs
  - c. Abdomen
  - d. Nervous system
  - e. Extremities

### Composition of tool kits:

1. Stethoscope
2. Sphygmomanometer

### Health worker(s) required for screening:

1. Medical doctor **OR** Health Assistant where there is no doctor.

## ENT SCREENING

ENT health is crucial for maintaining a person's overall well-being. The ear is responsible for hearing and balance, the nose for smelling and breathing, and the throat for swallowing and speaking. Any issue that affects these areas can cause significant discomfort and disruption to daily life. The ears, nose, and throat are all interconnected, and an issue in one area can lead to problems in the others.

The hearing impairment isolates an individual from the learning environment that results in breakdown in the linkages for development of speech and language, academic performances, cognitive abilities, and emotional and psychosocial well-being of the child as well as family members. Hearing disorder is manifested in many forms and magnitudes and can occur at all life stages. It can be sensorineural, conductive, mixed, central auditory processing, and functional in nature.

Hearing screenings in schools play an important role in identifying children who may have hearing loss, putting them at risk for poor academic performance unless intervention and appropriate management is provided. Even a minimal hearing loss can make it hard for a child to listen and learn in a classroom.

Similarly, nasal and throat problems can cause significant discomfort, affecting an individual's daily activities and overall health. In the case of students, these issues can interfere with their academic performance due to poor concentration and disrupted sleep, potentially leading to psychological distress and a decrease in self-esteem.

### Screening Checklist:

#### I. Ear:

##### 1. Hearing loss/ diminished hearing

S.n	Degree of Hearing Loss	Hearing Loss Range (dB HL)
1	Normal Hearing	00 - 15 dB
2	Slight Hearing Loss	16 - 25 dB
3	Mild Hearing Loss	26 - 40 dB
4	Moderate Hearing Loss	41 - 55 dB
5	Moderately Severe Hearing Loss	56- 70 dB
6	Severe Hearing Loss	71 - 90 dB
7	Profound Hearing Loss	91 dB+

2. Outer ear;
  - Infection of the Pinna
  - Ear Hematoma
  - Pre auricular sinus
3. Middle ear;
  - Acute Otitis Media (AOM)/Acute Suppurative Otitis Media (AOM)
  - Chronic Otitis Media (COM)/Chronic Suppurative Otitis Media (CSOM)
  - Serous Otitis Media
  - Perforation of tympanic membrane
4. Ear Canal Abnormalities;
  - Foreign bodies
  - Impacted wax
  - Otitis externa (Fungal infection)
5. Tinnitus
6. Speech issues

## **II. Nose:**

1. Nasal allergy and rhinosinusitis
2. Nose bleed/Epistaxis
3. Nose injury/trauma
4. Foreign bodies in the nose

## **III. Throat:**

1. Tonsillitis
2. Foreign bodies in the throat and airway

### **Composition of tool kits:**

1. Otoscope/Similar device
2. Audiometry - Headphones
3. Torch light
4. Nasal forceps
5. Speculums

### **Health worker(s) required for screening:**

1. ENT surgeon **OR** ENT technician (s)

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## DENTAL (ORAL) HEALTH SCREENING

Oral health is an essential part of overall health and well-being. Dental caries is common among the children at younger age and is a significant preventable disease with early interventions. Dental health screenings check for oral conditions such as cavities, missing teeth, gum diseases and misalignment.

### Screening Checklist:

1. Dental caries
2. Gum diseases
3. Deformities
4. Ulceration
5. Injuries
6. Dental erosion
7. Dental Trauma

### Composition of tool kits:

- Mouth Mirror
- Explorer
- Dental Model for brushing technique demonstration

### Health worker(s) required for screening:

- Dental Surgeon **OR** Dental Hygienist

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## EYE SCREENING

School eye health screening is done by Ophthalmic Assistant/Technician or Optometrist mainly to screen for refractive error and provide corrective advice, assess eye and screen for important pediatric eye diseases. Comprehensive school health screening is maintained by the respective Ophthalmic Assistant or Optometrist.

### Screening Checklist:

1. Visual Acuity
2. Refractive Error (Myopia, Hypermetropia, Astigmatism)
3. Squint
4. Conjunctivitis
5. Nystagmus
6. Cataract
7. Pterygium
8. Diseases of Cornea
9. Diseases of lids
10. Diseases of sclera
11. Ocular Trauma

### Composition of tool kits:

1. Vision Acuity Chart
2. Trial Box
3. Retinoscopy
4. Torch Light

### Healthworker required for screening:

1. Ophthalmic Assistant **OR** Optometrist

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## MENTAL HEALTH & WELLBEING SCREENING

Mental Health and Wellbeing Screening will be administered for pre-existing mental health issues and some common, namely:

1. Generalized Anxiety Disorder - using GAD-7
2. Depression - using PHQ-9
3. Adverse childhood Experience - using ACE Questionnaires
4. Substance Use - using ASSIST

The PEMA will develop a web-based system for screening, referral and follow up. Management of identified students, based on screening, will follow the management plans and referrals mechanism instituted by the Ministry of Education and Skills Development and The PEMA.



## HEALTH EDUCATION

Health education forms a core component of health promotion and provision at an earlier age can help students acquire knowledge and skills necessary to maintain health and grow into healthy adults. They need access to credible information and prevent prominent issues in this population like unwanted pregnancy, abortion, substance use, etc. which has a direct impact on their wellbeing and education.

However it is necessary to ensure that the content of these sessions are age appropriate and culturally sensitive. Below are some of the priority topics to be covered for each age group/class, however they can be altered in accordance with the local needs. Materials for reference can be found under *Annexure III*.

### Priority topics to be covered for each age group for health education:

SN	Age	Class	Priority topics
1	Children: 5-10 years	PP-IV	<ol style="list-style-type: none"> <li>1. Good touch &amp; bad touch</li> <li>2. Personal hygiene</li> <li>3. Nutrition</li> <li>4. Physical activity</li> <li>5. Adolescent development</li> <li>6. AFHS</li> <li>7. Safe use of media</li> </ol>
2	Early adolescence: 10-13 years	V-VII	<ol style="list-style-type: none"> <li>1. AFHS</li> <li>2. Adolescent development</li> <li>3. Menstruation</li> <li>4. Personal hygiene</li> <li>5. Good touch &amp; bad touch</li> <li>6. Mental health</li> <li>7. Injuries</li> <li>8. Nutrition</li> <li>9. Physical activity</li> <li>10. Safe use of media</li> </ol>
3	Mid adolescence: 14-16 years	VIII-X	<ol style="list-style-type: none"> <li>1. AFHS</li> <li>2. Personal hygiene</li> <li>3. Adolescent development</li> <li>4. Menstruation</li> <li>5. Sexual health</li> <li>6. STIs, HIV/AIDs</li> <li>7. Sexual orientation &amp; gender identity</li> <li>8. Stigma &amp; discrimination</li> <li>9. Good touch &amp; bad touch</li> <li>10. Substance abuse</li> <li>11. Mental health</li> </ol>

			12. Injuries 13. Violence 14. Nutrition 15. Physical activity 16. Safe use of media
4	Late adolescence: 17-19 years	>X	1. AFHS 2. Personal hygiene 3. Sexual health 4. STIs, HIV/AIDS 5. Sexual orientation & gender identity 6. Stigma & discrimination 7. Mental health 8. Substance abuse 9. Violence 10. Injuries 11. Nutrition 12. Physical activity 13. Safe use of media

**Composition of tool kits:**

1. Standard powerpoint presentation
2. Appropriate models for demonstration (as required)

**Health worker(s) required:**

1. Adolescent health focal(s) **OR** appropriate members of the screening team

## Roles and Responsibilities

### Screening

#### I. DHO & DEO

- Facilitate the planning, coordination with CMOs and relevant health workers in the district for implementation of the screening.
- Submit the comprehensive screening report of respective districts to the Ministry of Health and the Ministry of Education & Skills Development within one month of completion of the screening program.

#### II. Medical Team

- During the case of lack of HR, the respective Chief Medical Officer/Medical Officer should coordinate with the nearest hospital.
- The CMO/MO should formulate a tentative school health visit plan. The tentative plan shall be submitted to the DHO/THO which shall then be discussed with the DEO/TEO and subsequently, the DEO/TEO shall disseminate the information to the respective schools.
- Individual team members must line list all the students identified for referral, share a copy to the school health coordinator and school administration for necessary action.
- Referrals and follow ups must be done in coordination with the respective school management/ school health coordinator.
- Submit the standard report to the head of the health facility within one week of the completion of all screenings, subsequently the head will submit a copy to the Adolescent & School Health Unit and the District Health Officer.

#### III. School Management Team

##### Before:

- Ensure that prior informed consent is obtained from parents/legal guardians.
- Ensure that all BMI measurements are recorded in the student health handbook.
- Preparation of identified rooms for the health screening.

##### During:

- Oversee and ensure the smooth conduct of the screening program by providing necessary support to the School Health Coordinator.

##### After:

- Provide logistical and administrative support (in consultation with parents) to facilitate smooth follow ups of the needy students.

#### IV. School Health Coordinators

##### Before:

- Plan the health screening program in consultation with the health worker concerned.

- Conduct a meeting to delegate the following responsibilities to various staff:
  1. Preparation of the venue for the screening.
  2. Finalize & print out the students list; class wise (one copy for each physical screening component i.e 4 copies) according to Form II.
  3. Logistics and refreshments.
  4. Assistance for the health team during the screening.
  5. Line list students with health issues of concern or older students (class  $\geq$  VII) who require attention.
- Consult the health screening team or the visiting adolescent health focal for the content of the health education session to ensure an age appropriate health education program.

**During:**

- Coordinate the overall screening program on the day.
- Facilitate smooth conduct of the screening program.
- Ensure queuing of students for the smooth conduct of screening.
- Organize the health education program before/after the screening.

**After:**

- Obtain records of all students who require follow up from the health screening team.
- Facilitate the referral or follow up of students who were identified to be needing further medical attention including information to guardians as required.
- Maintain a record of the progress of students who were referred for further management and track their progress with the support of the class teacher and the health facility.
- Present/inform general findings of the health screening to the school and stakeholders and identify measures/actions for improvement of future health outcomes of students.
- Submit a copy of the screening report to the respective DEO.

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## Health Education

### I. DHO & DEO

- Facilitate the coordination and implementation of periodic health education sessions at the schools and institutions by the adolescent health focal(s) or relevant healthcare professionals.

### II. Adolescent Health Focal/Relevant Healthcare Professional

- Design age and context appropriate content for health education sessions.
- Implement such sessions **at least twice a year** as per the needs of the schools and institutions.
- Facilitate referral of students to relevant healthcare professionals or agencies if needed after the sessions.
- Maintain and submit a report of the session to the head of the respective health facility.

### III. School Administration

- Coordinate and collaborate with the nearest health facility for organizing and implementing sessions.
- Facilitate smooth conduct of the health education sessions **at least twice a year** at respective school/institution.
- Provide logistical and administrative support to facilitate smooth referral of the students who require it.

### IV. School Health Coordinator

- Plan the sessions in consultation with the health worker(s) concerned.
- Facilitate smooth conduct of the sessions.
- Facilitate referral of the students who require it.

## Annexures

## Annexure I: Recording of information

Form I: For reporting to the Adolescent and School Health Unit, MoH

HEALTH & WELLBEING SCREENING REPORTING FORMAT																						
NAME OF THE DZONGKHAG:																						
CATEGORY: GENERAL ASSESSMENT																						
SN	NAME OF THE SCHOOL	TOTAL NUMBER OF STUDENTS	NAME OF HEALTH CENTER	AGE	SEX	PALLOR	JAUNDICE	PHYSICAL DISABILITY	MENTAL DISABILITY	HEART ABNORMAL	RESPIRATORY				ABDOMEN		OTHERS (Please Specify)	TOTAL EXAMINED	TOTAL CASES	TOTAL REFERRED	ACTION TAKEN	
											ABNORMAL RATE	CREEPS	WHEEZING	ASTHMA	Presumptive TB	HERNIA						ASCITES
1				5-12 YRS	MALE																	
					FEMALE																	
				13-16 YRS	MALE																	
					FEMALE																	
				≥17YRS	MALE																	
					FEMALE																	
2				5-12 YRS	MALE																	
					FEMALE																	
				13-16 YRS	MALE																	
					FEMALE																	
				≥17YRS	MALE																	
					FEMALE																	
3				5-12 YRS	MALE																	
					FEMALE																	
				13-16 YRS	MALE																	
					FEMALE																	
				≥17YRS	MALE																	
					FEMALE																	
TOTAL CASES																						
TOTAL REFERRED																						
NAME &																						
DESIGNATION																						

Form II: To be prepared by schools for use by health workers during the screening

<b>Name of School:</b>						
<b>Dzongkhag:</b>						
<b>Class:</b>						
<b>Screening (tick):</b>		<b>General / ENT / Eye / Dental</b>				
SN	Name	Sex	Age	Guardian's contact number	Referral/follow up required?	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						



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**Annexure II: Mental health and wellbeing screening checklist****Instruction**

Please respond to all the questions given in the four questionnaires. Your responses will be strictly confidential and used only for developing prevention and intervention programmes. Exceptions to confidentiality might apply only when safety concerns arise. Your honest responses will help us to HELP YOU.

Jigme Choden IT, MoESD - 17831006

**Demographic details.**

- 1) Name:.....
- 2) Gender: Male/Female/Others (specify): .....
- 3) DOB: .....
- 4) Class:.....section.....
- 5) School name: .....
- 6) Dzongkhag (of the school):.....
- 7) Permanent Dzongkhag: .....
- 8) Parental Status:
  - a) Both parents together
  - b) Divorced
  - c) Single (one deceased)
  - d) Both parents away from the country for work or studies
  - e) Orphan
  - f) Others, specify:
- 9) Currently living with:
  - a) Parents
  - b) Guardian
  - c) Friend
  - d) All by myself
  - e) Hostel
  - f) Others, specify:
- 10) Contact number of parents/guardian/friend .....

## MODULES FOR MENTAL WELLBEING ASSESSMENT

## 1) PHQ-2 (PATIENT HEALTH QUESTIONNAIRE)

Sl.No	Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly everyday
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed or hopeless	0	1	2	3
		Add columns	.....+	..... +	.....
		TOTAL:			

## Interpretation:

- A PHQ-2 score ranges from 0-6. The authors identified a score of 3 as the optimal cut point when using the PHQ-2 to screen for depression.
- If the score is 3 or greater, person should be further evaluated with the PHQ-9.
- If the score is less than 2, skip PHQ-9

## 1.1 (PHQ-9)

Sl.No	Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "✓" to indicate your answer)	Not at all	Several days	More than half the days	Nearly everyday
1	Little interest or pleasure in doing things	0	1	2	3
2	Feeling down, depressed, irritable or hopeless	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4	Feeling tired or having little energy	0	1	2	3
5	Poor appetite, weight loss or overeating	0	1	2	3
6	Feeling bad about yourself -or feeling that you are a failure or have let yourself or your family down	0	1	2	3
7	Trouble concentrating on things, such as school work, reading or watching television	0	1	2	3

8	Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9	Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
	Add columns		....+	..... +	.....
		TOTAL:			

**Interpretation:**

- *Total scores of 5, 10, 15, and 20 represent cut points for mild, moderate, moderately severe and severe depression, respectively.*
- *Note: Question 9 is a single screening question on suicide risk. A patient who answers YES to question 9 needs further assessment for suicide risk by an individual who is competent to assess this risk.*

**Interpretation**

Provisional Diagnosis and Proposed Treatment Actions		
PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0 – 4	None-minimal	None
5 – 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10 – 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15 – 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy
20 – 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral

		to a mental health specialist for psychotherapy and/or collaborative management
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## 2) GAD-2 (GENERALIZED ANXIETY DISORDERS)

Sl. No	Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several Days	More than half days	Nearly every day
1	Feeling nervous, anxious, or on edge	0	1	2	3
2	Not being able to stop or control worrying	0	1	2	3
	Column Total	.....+	.....+	.....+	.....
	Total score	.....			

### Interpretation:

- *A score of 3 points is the preferred cut-off for identifying possible cases and in which further evaluation with GAD-7 is warranted.*
- *Patients who score less than 2 can skip GAD-7*

### 2.1) GAD-7

Sl. No	Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several Days	More than half days	Nearly every day
1	Feeling nervous, anxious, or on edge	0	1	2	3
2	Not being able to stop or control worrying	0	1	2	3
3	Worrying too much about different things	0	1	2	3
4	Trouble relaxing	0	1	2	3
5	Being so restless that it is hard to sit still	0	1	2	3
6	Becoming easily annoyed or irritable	0	1	2	3

7	Feeling afraid, as if something awful might happen	0	1	2	3
	Column Total	.....+	.....+	.....+	.....
	Total score	.....			

**Interpretation:**

*When screening for anxiety disorders, a score of 8 or greater represents a reasonable cut-point for identifying probable cases of generalized anxiety disorder; **further diagnostic assessment is warranted to determine the presence and type of anxiety disorder.***

*The following cut-offs correlate with level of anxiety severity:*

- *Score 0-4: Minimal Anxiety*
- *Score 5-9: Mild Anxiety*
- *Score 10-14: Moderate Anxiety*
- *Score greater than 15: Severe Anxiety*

### 3) ASSIST (ALCOHOL, SMOKING AND SUBSTANCE INVOLVEMENT SCREENING TEST)

#### 4.1 ASSIST for Students aged 14 and below

##### Question 1 (please circle a response for each substance)

	In your life, have you ever tried (GO THROUGH LIST ie. Tobacco, Alcohol etc)? (NON-MEDICAL USE ONLY)	No	Yes
a)	Tobacco products (cigarettes)	No	Yes
	Alcoholic beverages (beer, wine, spirits, etc.)	No	Yes
c)	Cannabis (marijuana, pot, grass, hash, etc.)	No	Yes
d)	Cocaine (coke, crack, etc.)	No	Yes
e)	Amphetamine-type stimulants (speed, meth, ecstasy, ice etc.)	No	Yes
f)	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	No	Yes
g)	Sedatives / Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	No	Yes
h)	Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	No	Yes
i)	Opioids (heroin, morphine)	No	Yes
j)	Other - specify	No	Yes

**If “No” to all items, stop the interview.** If "Yes" to any of these items, go to Question 2 for each substance ever used.

**Question 2 (please circle a response for each substance)**

	In the past three months, how often have you used (FIRST DRUG USED, SECOND DRUG, ETC)?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
a)	Tobacco products (cigarettes)	0	2	3	4	6
b)	Alcoholic beverages (beer, wine, spirits, etc.)	0	2	3	4	6
c)	Cannabis (marijuana, pot, grass, hash, etc.)	0	2	3	4	6
d)	Cocaine (coke, crack, etc.)	0	2	3	4	6
e)	Amphetamine-type stimulants (speed, meth, ecstasy, ice etc.)	0	2	3	4	6
f)	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	2	3	4	6
g)	Sedatives / Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	0	2	3	4	6
h)	Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	0	2	3	4	6
i)	Opioids (heroin, morphine)	0	2	3	4	6
j)	Other - specify	0	2	3	4	6

**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 (please circle a response for each substance)**

	Have you found yourself using (FIRST DRUG, SECOND DRUG, ETC) when you are away from your usual social situations or friends (eg. maybe when you are alone)? If YES, how often has that happened in the last 3 months for (FIRST DRUG, SECOND DRUG, ETC)?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
a)	Tobacco products (cigarettes)	0	3	4	5	6
b)	Alcoholic beverages (beer, wine, spirits, etc.)	0	3	4	5	6
c)	Cannabis (marijuana, pot, grass, hash, etc.)	0	3	4	5	6
d)	Cocaine (coke, crack, etc.)	0	3	4	5	6
e)	Amphetamine-type stimulants (speed, meth, ecstasy, ice etc.)	0	3	4	5	6
f)	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3	4	5	6
g)	Sedatives / Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	0	3	4	5	6
h)	Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	0	3	4	5	6
i)	Opioids (heroin, morphine)	0	3	4	5	6
j)	Other - specify	0	3	4	5	6



**Prompt regarding ‘social situations’ (e.g., when at a party or event and others are using).  
If "No" skip to Question 4.**

**Question 4 (please circle a response for each substance)**

	Has your use of (FIRST DRUG, SECOND DRUG, ETC) led to problems with your health, relationships, finances, school, or with the police? If YES, how often has that happened in the last 3 months for (FIRST DRUG, SECOND DRUG, ETC)?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
a)	Tobacco products (cigarettes)	0	4	5	6	7
b)	Alcoholic beverages (beer, wine, spirits, etc.)	0	4	5	6	7
c)	Cannabis (marijuana, pot, grass, hash, etc.)	0	4	5	6	7
d)	Cocaine (coke, crack, etc.)	0	4	5	6	7
e)	Amphetamine-type stimulants (speed, meth, ecstasy, ice etc.)	0	4	5	6	7
f)	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	4	5	6	7
g)	Sedatives / Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	0	4	5	6	7
h)	Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	0	4	5	6	7
i)	Opioids (heroin, morphine)	0	4	5	6	7
j)	Other - specify	0	4	5	6	7

**Question 5 (please circle a response for each substance)**

	Has your use of (FIRST DRUG, SECOND DRUG, ETC) impacted on your usual activities? (eg. school attendance, involvement in recreational activities or sport, completion of chores, family expectations, family events, homework etc). If YES, how often has this happened in the last 3 months for (FIRST DRUG, SECOND DRUG, ETC)?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
a)	Tobacco products (cigarettes)					
b)	Alcoholic beverages (beer, wine, spirits, etc.)	0	5	6	7	8
c)	Cannabis (marijuana, pot, grass, hash, etc.)	0	5	6	7	8
d)	Cocaine (coke, crack, etc.)	0	5	6	7	8
e)	Amphetamine-type stimulants (speed, meth, ecstasy, ice etc.)	0	5	6	7	8
f)	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	5	6	7	8
g)	Sedatives / Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	0	5	6	7	8
h)	Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	0	5	6	7	8
i)	Opioids (heroin, morphine)	0	5	6	7	8
j)	<b>Other - specify</b>	<b>0</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>

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

**Question 6 (please circle a response for each substance)**

	Has a friend or relative or anyone else ever expressed concern (or worry) about your use of (FIRST DRUG, SECOND DRUG, ETC.)? If YES, was it within the last 3 months or before that for (FIRST DRUG, SECOND DRUG, ETC.)?	No, Never	Yes, in the past three months	Yes, but not in the past three months
a)	Tobacco products (cigarettes)	0	6	3
b)	Alcoholic beverages (beer, wine, spirits, etc.)	0	6	3
c)	Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d)	Cocaine (coke, crack, etc.)	0	6	3
e)	Amphetamine-type stimulants (speed, meth, ecstasy, ice etc.)	0	6	3
f)	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	6	3
g)	Sedatives / Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	0	6	3
h)	Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	0	6	3
i)	Opioids (heroin, morphine)	0	6	3
j)	Other - specify	0	6	3

#### HOW TO CALCULATE A SPECIFIC SUBSTANCE INVOLVEMENT SCORE.

For each substance (labelled a. to j.) add up the scores received for questions 2 through 6 inclusive. Do not include the results from Q1 in this score. For example, a score for cannabis would be calculated as: Q2c + Q3c + Q4c + Q5c + Q6c. Note that Q5 for tobacco is not coded, and is calculated as: Q2a + Q3a + Q4a + Q6a

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

			Moderate Risk	High Risk
		Record specific substance score	Brief Intervention as part of a broader assessment	Brief Intervention and referral to specialist assessment & treatment
			Score	Score
a)	Tobacco		2-5	6 <sub>+</sub>
b)	Alcohol		2-5	6 <sub>+</sub>

c)	Cannabis		-	2+
d)	Cocaine		-	2+
e)	Amphetamine		-	2+
f)	Inhalants		2-5	6+
g)	Sedatives		-	2+
h)	Hallucinogens		-	2+
i)	Opioids		-	2+
j)	Other drugs		-	2+

**Use ASSIST FEEDBACK REPORT CARD to give client feedback about their risk scores as part of the brief intervention**

## 4.2 ASSIST for Students aged 15 to 17

### Question 1 (please circle a response for each substance

	In your life, have you ever tried (GO THROUGH LIST ie. Tobacco, Alcohol etc)? (NON-MEDICAL USE ONLY)	No	Yes
a)	Tobacco products (cigarettes)	No	Yes
b)	Alcoholic beverages (beer, wine, spirits, etc.)	No	Yes
c)	Cannabis (marijuana, pot, grass, hash, etc.)	No	Yes
d)	Cocaine (coke, crack, etc.)	No	Yes
e)	Amphetamine-type stimulants (speed, meth, ecstasy, ice etc.)	No	Yes
f)	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	No	Yes
g)	Sedatives / Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	No	Yes
h)	Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	No	Yes
i)	Opioids (heroin, morphine	No	Yes
j)	Other - specify	No	Yes

**If “No” to all items, stop the interview.**

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

**Question 2 (please circle a response for each substance)**

	In the past three months, how often have you used (FIRST DRUG USED, SECOND DRUG, ETC)?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
a)	Tobacco products (cigarettes)	0	2	3	4	6
b)	Alcoholic beverages (beer, wine, spirits, etc.)	0	2	3	4	6
c)	Cannabis (marijuana, pot, grass, hash, etc.)	0	2	3	4	6
d)	Cocaine (coke, crack, etc.)	0	2	3	4	6
e)	Amphetamine-type stimulants (speed, meth, ecstasy, ice etc.)	0	2	3	4	6
f)	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	2	3	4	6
g)	Sedatives / Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	0	2	3	4	6
h)	Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	0	2	3	4	6
i)	Opioids (heroin, morphine)	0	2	3	4	6
j)	Other - specify	0	2	3	4	6

**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 (please circle a response for each substance)**

	Have you found yourself using (FIRST DRUG, SECOND DRUG, ETC) when you are away from your usual social situations or friends (eg. maybe when you are alone)? If YES, how often has that happened in the last 3 months for (FIRST DRUG, SECOND DRUG, ETC)?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
a)	Tobacco products (cigarettes)	0	3	4	5	6
b)	Alcoholic beverages (beer, wine, spirits, etc.)	0	3	4	5	6
c)	Cannabis (marijuana, pot, grass, hash, etc.)	0	3	4	5	6
d)	Cocaine (coke, crack, etc.)	0	3	4	5	6
e)	Amphetamine-type stimulants (speed, meth, ecstasy, ice etc.)	0	3	4	5	6
f)	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3	4	5	6
g)	Sedatives / Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	0	3	4	5	6
h)	Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	0	3	4	5	6
i)	Opioids (heroin, morphine)	0	3	4	5	6
j)	Other - specify	0	3	4	5	6

**Question 4 (please circle a response for each substance)**

	Has your use of (FIRST DRUG, SECOND DRUG, ETC) led to problems with your health, relationships, finances, school, or with the police? If YES, how often has that happened in the last 3 months for (FIRST DRUG, SECOND DRUG, ETC)?	Never	Once or twice	monthly	weekly	Daily or almost daily
a)	Tobacco products (cigarettes)	0	4	5	6	7
b)	Alcoholic beverages (beer, wine, spirits, etc.)	0	4	5	6	7
c)	Cannabis (marijuana, pot, grass, hash, etc.)	0	4	5	6	7
d)	Cocaine (coke, crack, etc.)	0	4	5	6	7
e)	Amphetamine-type stimulants (speed, meth, ecstasy, ice etc.)	0	4	5	6	7
f)	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	4	5	6	7
g)	Sedatives / Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	0	4	5	6	7
h)	Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	0	4	5	6	7
i)	Opioids (heroin, morphine)	0	4	5	6	7
j)	Other - specify	0	4	5	6	7

**Question 5 (please circle a response for each substance)**

	Has your use of (FIRST DRUG, SECOND DRUG, ETC) impacted on your usual activities? (eg. school attendance, involvement in recreational activities or sport, completion of chores, family expectations, family events, homework etc). If YES, how often has this happened in the last 3 months for (FIRST DRUG, SECOND DRUG, ETC)?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
a)	Tobacco products (cigarettes)					
b)	Alcoholic beverages (beer, wine, spirits, etc.)	0	5	6	7	8
c)	Cannabis (marijuana, pot, grass, hash, etc.)	0	5	6	7	8
d)	Cocaine (coke, crack, etc.)	0	5	6	7	8
e)	Amphetamine-type stimulants (speed, meth, ecstasy, ice etc.)	0	5	6	7	8
f)	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	5	6	7	8
g)	Sedatives / Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	0	5	6	7	8
h)	Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	0	5	6	7	8



i)	Opioids (heroin, morphine)	0	5	6	7	8
j)	Other - specify	0	5	6	7	8

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

**Question 6 (please circle a response for each substance)**

	Has a friend or relative or anyone else ever expressed concern (or worry) about your use of (FIRST DRUG, SECOND DRUG, ETC.)? If YES, was it within the last 3 months or before that for (FIRST DRUG, SECOND DRUG, ETC.)?	No, Never	Yes, in the past three months	Yes, but not in the past three months
a)	Tobacco products (cigarettes)	0	6	3
b)	Alcoholic beverages (beer, wine, spirits, etc.)	0	6	3
c)	Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d)	Cocaine (coke, crack, etc.)	0	6	3
e)	Amphetamine-type stimulants (speed, meth, ecstasy, ice etc.)	0	6	3
f)	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	6	3
g)	Sedatives / Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	0	6	3
h)	Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	0	6	3
i)	Opioids (heroin, morphine)	0	6	3
j)	Other - specify	0	6	3

**Question 7 (please circle the star as per the response)**

	No, Never	Yes, in the past three months	Yes, but not in the past three months
Have you ever used any drug by injection? (NON-MEDICAL USE ONLY)	*	*	*

**Clients reporting drug use via injection are automatically classified as ‘high risk’, and require both brief intervention and referral to specialist assessment and treatment.**

**HOW TO CALCULATE A SPECIFIC SUBSTANCE INVOLVEMENT SCORE.**

For each substance (labeled a. to j.) add up the scores received for questions 2 through 6 inclusive. Do not include the results from both Q1 and Q7 in this score. For example, a score for cannabis would be calculated as: Q2c + Q3c + Q4c + Q5c + Q6c

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

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

			Moderate Risk	High Risk
		Record specific substance score	Brief Intervention as part of a broader assessment	Brief Intervention and referral to specialist assessment & treatment
			Score	Score
a)	Tobacco		2-11	12+
b)	Alcohol		5-17	18+
c)	Cannabis		2-11	12+
d)	Cocaine		2-6	7+
e)	Amphetamine		2-8	9+
f)	Inhalants		2-8	9+
g)	Sedatives		2-6	7+
h)	Hallucinogens		2-8	9+
i)	Opioids		2-6	7+
j)	Other drugs		2-6	7+

Use **ASSIST FEEDBACK REPORT CARD** to give client feedback about their risk scores as part of the brief intervention

**4.3 ASSIST for persons above 18 years****Question 1 (please circle a response for each substance**

	In your life, have you ever tried (GO THROUGH LIST ie. Tobacco, Alcohol etc)? (NON-MEDICAL USE ONLY)	No	Yes
a)	Tobacco products (cigarettes)	No	Yes
b)	Alcoholic beverages (beer, wine, spirits, etc.)	No	Yes
c)	Cannabis (marijuana, pot, grass, hash, etc.)	No	Yes
d)	Cocaine (coke, crack, etc.)	No	Yes

e)	Amphetamine-type stimulants (speed, meth, ecstasy, ice etc.)	No	Yes
f)	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	No	Yes
g)	Sedatives / Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	No	Yes
h)	Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	No	Yes
i)	Opioids (heroin, morphine)	No	Yes
j)	Other - specify	No	Yes

**If “No” to all items, stop the interview.**

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

**Question 2 (please circle a response for each substance)**

	In the past three months, how often have you used (FIRST DRUG USED, SECOND DRUG, ETC)?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
a)	Tobacco products (cigarettes)	0	2	3	4	6
b)	Alcoholic beverages (beer, wine, spirits, etc.)	0	2	3	4	6
c)	Cannabis (marijuana, pot, grass, hash, etc.)	0	2	3	4	6
d)	Cocaine (coke, crack, etc.)	0	2	3	4	6
e)	Amphetamine-type stimulants (speed, meth, ecstasy, ice etc.)	0	2	3	4	6
f)	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	2	3	4	6
g)	Sedatives / Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	0	2	3	4	6
h)	Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	0	2	3	4	6

i)	Opioids (heroin, morphine)	0	2	3	4	6
j)	Other - specify	0	2	3	4	6

**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 (please circle a response for each substance)**

	During the past three months, how often have you had a strong desire or urge to use ( <i>first drug, second drug, etc.</i> )?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
a)	Tobacco products (cigarettes)	0	3	4	5	6
b)	Alcoholic beverages (beer, wine, spirits, etc.)	0	3	4	5	6
c)	Cannabis (marijuana, pot, grass, hash, etc.)	0	3	4	5	6
d)	Cocaine (coke, crack, etc.)	0	3	4	5	6
e)	Amphetamine-type stimulants (speed, meth, ecstasy, ice etc.)	0	3	4	5	6
f)	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	3	4	5	6
g)	Sedatives / Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	0	3	4	5	6
h)	Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	0	3	4	5	6
i)	Opioids (heroin, morphine)	0	3	4	5	6
j)	Other - specify	0	3	4	5	6

**Question 4 (please circle a response for each substance)**

	During the past three months, how often has your use of ( <i>first drug, second drug, etc.</i> ) led to health, social, legal or financial problems?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
a)	Tobacco products (cigarettes)	0	4	5	6	7
b)	Alcoholic beverages (beer, wine, spirits, etc.)	0	4	5	6	7
c)	Cannabis (marijuana, pot, grass, hash, etc.)	0	4	5	6	7
d)	Cocaine (coke, crack, etc.)	0	4	5	6	7
e)	Amphetamine-type stimulants (speed, meth, ecstasy, ice etc.)	0	4	5	6	7
f)	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	4	5	6	7
g)	Sedatives / Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	0	4	5	6	7
h)	Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	0	4	5	6	7
i)	Opioids (heroin, morphine)	0	4	5	6	7
j)	Other - specify	0	4	5	6	7

**Question 5 (please circle a response for each substance)**

	During the past three months, 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> ?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
a)	Tobacco products (cigarettes)					
b)	Alcoholic beverages (beer, wine, spirits, etc.)	0	5	6	7	8
c)	Cannabis (marijuana, pot, grass, hash, etc.)	0	5	6	7	8
d)	Cocaine (coke, crack, etc.)	0	5	6	7	8
e)	Amphetamine-type stimulants (speed, meth, ecstasy, ice etc.)	0	5	6	7	8
f)	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	5	6	7	8
g)	Sedatives / Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	0	5	6	7	8
h)	Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	0	5	6	7	8
i)	Opioids (heroin, morphine)	0	5	6	7	8
j)	Other - specify	0	5	6	7	8

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

**Question 6 (please circle a response for each substance)**

	Has a friend or relative or anyone else ever expressed concern (or worry) about your use of (FIRST DRUG, SECOND DRUG, ETC.)?	No, Never	Yes, in the past three months	Yes, but not in the past three months
a)	Tobacco products (cigarettes)	0	6	3
b)	Alcoholic beverages (beer, wine, spirits, etc.)	0	6	3
c)	Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d)	Cocaine (coke, crack, etc.)	0	6	3
e)	Amphetamine-type stimulants (speed, meth, ecstasy, ice etc.)	0	6	3
f)	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	6	3
g)	Sedatives / Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	0	6	3
h)	Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	0	6	3
i)	Opioids (heroin, morphine)	0	6	3
j)	Other - specify	0	6	3

**Question 7 (please circle a response for each substance)**

	Have you ever tried and failed to control, cut down or stop using ( <i>first drug, second drug, etc.</i> )?	No, Never	Yes, in the past three months	Yes, but not in the past three months
a)	Tobacco products (cigarettes)	0	6	3
b)	Alcoholic beverages (beer, wine, spirits, etc.)	0	6	3
c)	Cannabis (marijuana, pot, grass, hash, etc.)	0	6	3
d)	Cocaine (coke, crack, etc.)	0	6	3
e)	Amphetamine-type stimulants (speed, meth, ecstasy, ice etc.)	0	6	3
f)	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	6	3
g)	Sedatives / Sleeping Pills (Valium, Temazepam, Stilnox, etc.)	0	6	3

h)	Hallucinogens (LSD, acid, mushrooms, trips, Ketamine, etc.)	0	6	3
i)	Opioids (heroin, morphine)	0	6	3
j)	Other - specify	0	6	3

**Question 8 (please circle as per the response)**

	No, Never	Yes, in the past three months	Yes, but not in the past three months
Have you ever used any drug by injection? (NON-MEDICAL USE ONLY)	0	2	1

**Clients reporting drug use via injection are automatically classified as ‘high risk’, and require both brief intervention and referral to specialist assessment and treatment.**

**HOW TO CALCULATE A SPECIFIC SUBSTANCE INVOLVEMENT SCORE.**

**Sum across questions 2 – 7 for each drug category separately.**

**For example, the cannabis use score would be:  $2c+3c+4c+5c+6c+7c$**

**Maximum score for tobacco = 31**

**Maximum score for each of the other drug categories = 39**

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

			Low Risk	Moderate Risk	High Risk
		Record specific substance score		Brief Intervention as part of a broader assessment	Brief Intervention and referral to specialist assessment & treatment
				Score	Score
a)	Tobacco		0-3	4-26	27+
b)	Alcohol		0-10	11-26	27+
c)	Cannabis		0-3	4-26	27+
d)	Cocaine		0-3	4-26	27+
e)	Amphetamine		0-3	4-26	27+



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f)	Inhalants		0-3	4-26	27+
g)	Sedatives		0-3	4-26	27+
h)	Hallucinogens		0-3	4-26	27+
i)	Opioids		0-3	4-26	27+
j)	Other drugs		0-3	4-26	27+

**Use ASSIST FEEDBACK REPORT CARD to give client feedback about their risk scores as part of the brief intervention**

**\*\*\* Web-based Screening System will be in place by September 2024\*\***

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**Annexure III: Resources for health education programs****Documents:**

1. Standard Key Health Messages for Adolescent Health
2. Adolescent Health
3. WHO intervention tool for prevention of NCD risk factors among school children
4. WHO intervention tool booklet NCD

**Posters:**

1. Nutrition
2. AFHS confidentiality & privacy policy
3. Good touch & bad touch
4. Child exploitation
5. Neglect
6. Emotional abuse
7. Sexual abuse
8. Physical abuse

**Videos:**

1. AFHS information dzongkha version
2. AFHS information english version
3. Child abuse, Acho Khegpa
4. Good touch & bad touch
5. Physical activity
6. Importance of good nutrition
7. Rabies
8. Malaria
9. Learning to stay safe online
10. Preventing & responding to cyber bullying
11. Consent
12. Handwashing with soap
13. Menstruation

**Platforms:**

1. Amaze Org
2. NCWC
3. Unicef Bhutan