

Addiction Severity Index (Blank)

Addiction Severity Index 5th Ed.
Women's Version Adaptation from UNODC Treatnet ASI
Version 3.0

The ASI was developed by Tom McLellan & Deni Carise, Treatment Research Institute, www.tresearch.org

INTRODUCING THE ASI:

1. **All clients receive this same interview.** The information from this interview helps plan your treatment. This interview is not a test.

2. **Seven Potential problem areas** or Domains: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Mental Health (known as Psychiatric in other cultures).

3. **Patient Rating Scale:** Patient input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you for the area being discussed.

The scale is:

- 0 - Not at all
- 1 - Slightly
- 2 - Moderately
- 3 - Considerably
- 4 - Extremely

This Response Card [show the client ASI Response Card #1] gives you the scale with pictures to help you answer the question.

4. **All information gathered is confidential.** However, There are limits to confidentiality. For example, if you tell us you are thinking or planning to harm yourself or others or that you are harming a child, we will need to let the authorities know.

5. **Accuracy** - If a question feels too personal or painful to an answer, just tell me, "I want to skip that question."

6. **Two time periods** will be discussed:

- ◆ The past 30 days
- ◆ Lifetime

INTERVIEWER INSTRUCTIONS:

1. Leave no blanks.
2. Mark an X = Question not answered. Client cannot or will not answer.
3. Mark an N = Question not applicable. The item instructions note when to use "N"
4. Rounding up. If a question asks the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.
5. Hints and clarification notes in the ASI are bulleted "•".

International Standard Classification of Occupations:

1. **Legislators/officials:** Main tasks are forming government policies, laws, regulations and overseeing implementation.
2. **Professionals:** Requires high level of professional knowledge in physical and life sciences, or social sciences/ humanities.
3. **Technicians /assoc. professionals:** Requires technical knowledge, experience in fields of physical, life or social sciences, humanities.
4. **Clerks:** Performs secretarial duties, word processing and other customer-oriented clerical duties.
5. **Service & Sales:** Includes services related to travel, catering, shop sales, housekeeping, and maintaining law and order.
6. **Skilled agricultural and fishery workers:** Consists of growing crops, breeding or hunting animals, catching or cultivating fish, etc.
7. **Craft & Trades:** Main tasks consist of constructing buildings and other structures, making various products, includes handicrafts.
8. **Plant and machine operators:** Main tasks consist of driving vehicles, operating machinery, or assembling products.
9. **Elementary Occupations:** Includes simple and routine tasks, like selling goods in streets, doormen, cleaning, and working laborers.
10. **Armed forces:** Includes army, navy, air force workers, etc. Excludes non-military police, customs, and inactive military reserves.

LIST OF COMMONLY USED DRUGS:

Heroin:	Smack, H, Horse, Brown Sugar
Methadone:	Dolophine, LAAM
Opiates:	Opium, Fentanyl, Buprenorphine, pain killers - Morphine, Dilaudid, Demerol, Percocet, Darvon, etc.
Barbiturates:	Nembutal, Seconal, Tuinal, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinal, Doriden, etc.
Sed/Hyp/Tranq:	Benzodiazepines = Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = Chloral Hydrate, Quaaludes
Cocaine:	Cocaine Crystal, Free-Base Cocaine, Crack, Rock, etc.
Amphetamines/ Stimulants:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal, Khat
Cannabis:	Marijuana, Hashish, Pot, Bango Igbo, Indian Hemp, Bhang, Charas, Ganja, Mota, Anasha
Hallucinogens:	LSD (Acid), Mescaline, Psilocybin (Mushrooms), Peyote, PCP, MDMA, Ecstasy, Angel Dust
Inhalants:	Nitrous Oxide (Whippits), Amyl Nitrite (Poppers), Glue, Solvents, Gasoline, Toluene, Etc.
Alcohol:	Beer, wine, liquor, grain (methyl alcohol)

DRUG USE/ALCOHOL INSTRUCTIONS:

The following questions refer to two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days.
 => 30 day questions **only** require the number of days used.
 => Lifetime use is asked to determine **extended periods of regular use**.
 => Regular use =
 1. Three or more times per week; 2. Binges (meaning uses in excess); 3. Problematic irregular use
 => Ask these questions with the following sentence stems -
 -> "How many days in the past 30 have you used...?"
 -> "How many years in your life have you regularly used...?"
Alcohol to intoxication does not necessarily mean "drunk", use the words "to where you felt the effects", "got a buzz", "high", etc. instead of intoxication. As a rule, 3 or more drinks in one sitting, 4 or more drinks in one day for women (5 or more for men) is coded under "intoxication" to designate heavy drinking

LEGAL STATUS

L1. Was this admission prompted or suggested by the criminal justice system? 0 - No 1 -Yes

L2. Are you on parole or probation? 0 - No 1 - Yes
• Note duration and level in comments.

L22. How many days in the past 30 have you engaged in illegal activities for profit?

• Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc.

How many times in your life have you been arrested and charged with the following:

L3 * Shoplift/Vandal L10* Assault

L4 * Parole/Probation Violations L11* Arson

L5 * Drug Charges L12* Rape

L6 * Forgery L13* Homicide/
Manslaughter

L7* Weapons Offense L14* Prostitution/Sex
Work, women/child trafficking?

L8* Burglary/Larceny Breaking and Entering L15* Contempt of Court

L9 * Robbery, Corruption people smuggler? L16* Other: _____

• Include total number of counts, not just convictions. Do not include juvenile (pre-age 18) crimes, unless they were charged as an adult.
• Include formal charges only.

For Questions L21-22, ask the patient to use the Patient Rating scale.

L21. How serious do you feel your present legal problems are?
• Exclude civil problems, such as divorce, etc.

L22. How important to you now is counseling or referral for these legal problems?

• **NOTE:** Patient is rating need for referral (or services) from your agency to legal counsel for defense against criminal charges.

L17* How many of these charges resulted in convictions?

• If L3-16 = 00, then question L17 = "NN".
• Convictions include fines, probation, incarcerations, suspended sentences, guilty pleas, and plea bargaining.

L18. How many months were you incarcerated in your life?

• If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated.

L19. Are you presently awaiting charges, trial, or sentencing? 0 - No 1 - Yes

L20. What for?

• Use the number of the type of crime committed 03-16 in previous questions, above.
If awaiting on more than one charge, choose most severe.

L21. How many days in the past 30, were you detained or incarcerated?

• Include being arrested and released on the same day.

FAMILY/SOCIAL STATUS

F1. Marital Status (check one only):
 1-Married 3-Widowed 5-Divorced
 2-Remarried 4-Separated 6-Never Married
 7- married to 2 or more wives
 • Common-law marriage = 1. Specify in comments.

Living with you Living outside your home

F1a. How many children do you have?

F1b. How many of these are under age 18

F2. Living arrangements past 30 days? Please mark everyone who lives with you.

	0 - No	1 - Yes
F2a. Mother	<input type="checkbox"/>	<input type="checkbox"/>
F2b. Father	<input type="checkbox"/>	<input type="checkbox"/>
F2c. Brother/Sister	<input type="checkbox"/>	<input type="checkbox"/>
F2d. Partner/Spouse	<input type="checkbox"/>	<input type="checkbox"/>
F2e. Children (specify how many _____)	<input type="checkbox"/>	<input type="checkbox"/>
F2f. Other Significant Family Member(s) (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
F2g. Friends (specify how many _____)	<input type="checkbox"/>	<input type="checkbox"/>
F2h. Mother-in-Law	<input type="checkbox"/>	<input type="checkbox"/>
F2i. Father-in-Law	<input type="checkbox"/>	<input type="checkbox"/>

F3. Do you worry about having enough food for you or your family? 0-No 1-Yes

F4. Do you have access to transportation? 0-No 1-Yes

F5. Do you have access to clean water? 0-No 1-Yes

Do you live with anyone who:

F6. Has a current alcohol problem? 0-No 1-Yes

F7. Uses non-prescribed drugs? 0-No 1-Yes
 (or abuses prescribed drugs)

F8. With whom do you spend most of your free time (please make only one answer)?

1-Family 2-Friends 3-Alone

F9. How many of your close friends use drugs?
 Note: If patient has no close friends, code "N"

F10. How many of your close friends abuse alcohol?
 Note: If patient has no close friends, code "N"

Have you had significant periods in which you have experienced serious problems getting along with: 0 - No, 1 - Yes

	Past 30 days	In Your Life
F11. Mother	<input type="checkbox"/>	<input type="checkbox"/>
F12. Father	<input type="checkbox"/>	<input type="checkbox"/>

F13. Brother/Sister	<input type="checkbox"/>	<input type="checkbox"/>
F14. Partner/Spouse	<input type="checkbox"/>	<input type="checkbox"/>
F15. Children	<input type="checkbox"/>	<input type="checkbox"/>
F16. Other Significant Family (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
F17. Close Friends	<input type="checkbox"/>	<input type="checkbox"/>
F18. Neighbors	<input type="checkbox"/>	<input type="checkbox"/>
F19. Co-workers	<input type="checkbox"/>	<input type="checkbox"/>
F20. Mother-in-law	<input type="checkbox"/>	<input type="checkbox"/>
F21. Father-in-law	<input type="checkbox"/>	<input type="checkbox"/>

• "Serious problems" mean those that endangered the relationship.
 • A "problem" requires contact of some sort, either by telephone or in person. If no contact, code "N" If no relative (ex: no children) Code "N". in all boxes that are relevant

Has anyone ever abused you?

	Past 30 days		In Your Life	
	0- No	1-Yes	0- No	1-Yes
F22. Physically? • Caused you physical harm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F23. Sexually? • Forced any sexual advances/acts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many days in the past 30 have you had serious conflicts:

F24. With your family?

Ask the patient to use the Patient Rating scale:

How troubled or bothered have you been in the past 30 days by:

F25. Family problems?

How important to you now is treatment or counseling for these:

F26. Family problems
 • Patient is rating his/her need for counseling for family problems, not whether they would be willing to attend
Note: The patient is rating their need for you/your program to provide or refer them to family services, above and beyond any services they may already be getting.

How many days in the past 30 have you had serious conflicts:

F27. With other people (excluding family)?

Ask the patient to use the Patient Rating scale:

How troubled or bothered have you been in the past 30 days by:

F28. Social problems?

How important to you now is treatment or counseling for these:

F29. Social problems
 • Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems.
Note: The patient is rating their need for you/your program to provide or refer them to these types of services, above and beyond treatment they may already be getting somewhere else.

MENTAL HEALTH (PSYCHIATRIC) STATUS

How many times have you been treated for any mental health, psychological or emotional problems:

- P1* In a hospital or inpatient setting?
- P2* Outpatient/private patient?
- Do not include substance abuse, employment, or family counseling.
 - Treatment episode = a series of continuous visits or treatment days, not the number of visits.

Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have:

- | | Past 30 Days | | Lifetime | |
|---|----------------------|----------------------|----------------------|----------------------|
| | 0-No | 1-Yes | 0-No | 1-Yes |
| P3. Experienced serious depression-sadness, hopelessness, loss of interest? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| P4. Experienced serious anxiety/tension uptight, unreasonably worried, inability to feel relaxed? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| P5. Experienced hallucinations-saw things/heard voices that others didn't see/hear?
Code other psychotic symptoms here also. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| P6. Experienced trouble understanding, concentrating, or remembering? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

P7. Do you make yourself Sick because you feel uncomfortably full? **Past 30 Days** 0-No 1-Yes **Lifetime** 0-No 1-Yes

P8. Do you worry you have lost Control over how much you eat?
Past 30 Days 0-No 1-Yes **Lifetime** 0-No 1-Yes

P9. Have you recently lost more than 14 pounds in a 3-month period? **Past 30 Days** 0-No 1-Yes **Lifetime** 0-No 1-Yes

P10. Do you believe yourself to be fat when others say you are too thin? 0-No 1-Yes

P11. Would you say that Food dominates your life? 0-No 1-Yes

	0-No	1-Yes
P12. Has a health care provider recommended you take any medications for psychological or emotional problems?	<input type="text"/>	<input type="text"/>

- Recommended for the patient by a physician or other health care provider as appropriate. Record "Yes" if a medication was recommended even if the patient is not taking it.

P13. How many days in the past 30 have you experienced these psychological or emotional problems?

For Questions P14-P15, ask the patient to use the Patient Rating scale

P14. How troubled or bothered have you been by these

psychological or emotional problems in the past 30 days?

P15. How important to you now is treatment for these psychological or emotional problems?

Note: The patient is rating their need for you/your program to provide or refer them to psychological/psychiatric services, above and beyond treatment they may already be getting somewhere else.

ASI Response Card



1 Not at all



2 Slightly



3 Moderately



4 Considerably



5 Extremely

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Sed/Hyp/Tranq: Benzodiazepines = Valium, Librium, Ativan, Serax
Tranxene, Dalmane, Halcion, Xanax, Miltown,
Other = Chloral Hydrate, Quaaludes

Cocaine: Cocaine Crystal, Free-Base Cocaine, Crack, Rock, etc.

Amphetamines/: Monster, Crank, Benzedrine, Dexedrine, Ritalin,

Stimulants Preludin, Methamphetamine, Speed, Ice, Crystal, Khat

Cannabis: Marijuana, Hashish, Pot, Bango Igbo, Indian Hemp,
Bhang, Charas, Ganja, Mota, Anasha

Hallucinogens: LSD (Acid), Mescaline, Psilocybin (Mushrooms),

Peyote, PCP, MDMA, Ecstasy, Angel Dust

Inhalants: Nitrous Oxide (Whippits), Amyl Nitrite (Poppers),

Glue, Solvents, Gasoline, Toluene, Etc.

Alcohol: Beer, wine, liquor, grain (methyl alcohol)

DRUG USE/ALCOHOL INSTRUCTIONS:

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⇒ 30 day questions **only** require the number of days used.

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⇒ Regular use =

1. Three or more times per week; 2. Binges (meaning uses in excess); 3. Problematic irregular use

⇒ Ask these questions with the following sentence stems -

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→ "How many years in your life have you regularly used...?"

Alcohol to intoxication does not necessarily mean "drunk", use the words "to where you felt the effects", "got a buzz", "high", etc. instead of intoxication. As a rule, 3 or more drinks in one sitting, 4 or more drinks in one day for women (5 or more for men) is coded under "intoxication" to designate heavy drinking

GENERAL INFORMATION

G1. Client ID 100
G2. Center Horizons

G3. Date of Admission to program: 09/10/2018
MM / day / Year
G4. Date of Interview: 09/13/2018

G5. Type of Interview (check one): Intake Follow-up
G6. Gender (check one): Male Female

Interviewer Name

G7. Date of birth Day Month Year
09 09 2000

7a. Age 19 Years old

G8. What race/ethnicity/nationality do you consider yourself?
Specify **I do not want to specify**

G9. Have you been in a controlled environment in the past 30 days? **1**

1. No 4. Medical Treatment
2. Correctional Facility 5. Psychiatric Treatment
3. Alcohol/Drug Treat. 6. Other: _____

• A controlled environment means a place, *theoretically*, without access to drugs/alcohol.

G10. How many days? **NN**

• If G9=1 ("No"), G10= "NN"

Refers to total number of days detained in the past 30 days.

MEDICAL STATUS

M1. How many times in your life have you been hospitalized for medical problems? **04**
• Include overdoses. Exclude detox, alcohol/drug, psychiatric treatment and childbirth (if no complications). Enter the number of **overnight** hospitalizations for medical problems. EXCLUDE depression or other mental health issues- those issues are asked about later.

M2. Do you have any chronic medical problems which continue to interfere with your life? **0=No 1=Yes**
• If "Yes", specify in comments.
• A chronic medical condition is a serious physical condition that requires regular care, (i.e., diabetes, hypertension, cancer) preventing full advantage of their abilities.

M3. Has a health care provider recommended you take any medications on a regular basis for a physical problem? **0=No 1=Yes**
• Health care provider means doctor or someone who is trusted to prescribed medication
• **Do not include various remedies given by a non-healthcare Provider.** Must be for a medical condition; **don't** include mental health (**psychiatric medicines**). Include medicines prescribed whether or not the patient is currently taking them.
• The intent of this section is to verify chronic physical medical problems.
M4. Do you have any dental problems (meaning issues with teeth or gums)? **0=No 1=Yes**

M5. How many days have you experienced medical problems in the past 30 days? **05**
• Include flu, colds, injuries, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, HIV, HCV, HBV abscesses from needles, etc.).

0=No, 1=Yes, 2=Unsure

M6. Are you currently pregnant? **0**
M14a. If pregnant: have you seen a doctor? **N**
M14b. If unsure: would you like help obtaining a pregnancy test? **N**
• If M14= 0 or 2 (No or Unsure), M14a = N

M7. How long ago was your last gynecological/obstetrical exam (in months)? **15**

For Questions M7 & M8, ask the patient to use the Patient Rating scale.

M8. How troubled or bothered have you been by these medical problems in the past 30 days? **2**

M9. How important to you now is treatment for these medical problems? **2**
• If client is currently receiving medical treatment, refer to the need for **additional** medical treatment by the patient.

Note: The patient is rating their need for additional medical services or referrals from your agency, above any services they may already be getting.

EMPLOYMENT/SUPPORT STATUS

E1. Education completed:

Yrs. Mos.
10 5

• Include formal education only where a certificate or degree could be earned or in education in a school that is recognized by the government.

E1a. Highest degree earned, specify type and name of school from which it was obtained? **none**

E2.* Training or Technical education completed: **00**
• Formal/organized training only. Months

E3. How long was your longest full-time job?

• Full time = 30+ hours weekly; **02 03**
does not necessarily mean most Years Months
recent job.

E4.* Usual (or last) occupation?

Specify: house cleaner **5**
(Use International Classification references page 1)

E5. Does someone contribute the majority of your support?

0 - No - Yes

• Is patient primarily financially supported on a regular basis from family/friends. Include spouse's contribution; exclude support by an institution. "Housing" is considered the majority of someone's support.

E6. Which of these represents how you spent the majority of the past three years? **9**

- | | |
|--------------------------------|--|
| 1. Full-time (35+ hours) | 5. Military |
| 2. Part-time (regular hours) | 6. Retired/Disability |
| 3. Part-time (irregular hours) | 7. Unemployed |
| 4. Student | 8. In controlled environment (a place where you cannot leave like prison, an inpatient hospital) |
| | 9. Homemaker |
| | 10. begging |
| | 11. Other: _____ |

• Answer should represent the majority of the last 3 years, not just the most recent selection. If there are equal times, select category which best represents the current situation.

E7. How many days in the past 30 did you work for payment of some form (money, goods or services)? **00**

• Include days actually worked, paid sick days and paid vacation.

For questions E8 and E9: How much money did you receive from the following sources in the past 30 days? Use your local currency. Specify: **\$10**_____

E8. Employment?

• Net or "take home" pay, include **0**
any money earned except illegal income

E9. Spouse, family, or friends? **\$10**

• Money for personal expenses. Also code unreliable sources of income, windfalls (unexpected money) money from loans, inheritance. (Record *cash* payments only, etc.).

E10. How many people depend on you for the majority of their food, shelter, etc.? **0**

• Must be regularly depending on patient, do include alimony/child support, do not include the patient or self-supporting spouse, etc.

E11. How many days have you experienced employment problems in the past 30 days? **15**

• Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized.
• If the patient has been in a controlled environment all of the past 30 days, code "NN", they can't have had problems

For Questions E20 & E21, ask the patient to use the Patient Rating scale.

E12. How troubled or bothered have you been by these employment problems in the past 30 days? **3**

• If E19=N, code N

E13. How important to you now is help for these employment problems? **3**

• Stress help in finding or preparing for a job, getting training for a job, not giving them a job.

Note: The patient is rating their need for employment/support Services, referrals, etc. from your agency.

ALCOHOL/DRUGS

Note: Route of Administration (ROA) Types:

1. Oral (anything swallowed)
2. Nasal (snorting, or any other subcutaneous membrane administration)
3. Smoking (includes inhaling fumes)

4. Non-IV injection (such as intramuscular IM; subcutaneous/ "skin popping")
5. IV (shooting directly into a vein).
6. Sublingual (held under tongue or rubbed on gums)
7. Topical

• In cases where two or more routes are used, the most serious route should be coded. The routes listed are from least severe to most severe.

	Past 30 Days	Lifetime (years)	ROA	Age of First Use
--	--------------	------------------	-----	------------------

D1	Heroin	<input type="text" value="0"/>	0	0	0	0	0	0
D2	Methadone	0	0	0	0	0	0	0
D3	Other Opiates/Analgesics	30	12	3	07			
D4	Barbiturates	0	0	0	0	0	0	0
D5	Sedatives/Hypnotics/ Tranquilizers	0	0	0	0	0	0	0
D6	Cocaine	0	0	0	0	0	0	0
D7	Amphetamines/Stimulants	0	0	0	0	0	0	0
D8	Cannabis	0	0	0	0	0	0	0
D9	Hallucinogens	0	0	0	0	0	0	0
D10	Inhalants	0	0	0	0	0	0	0
D11	More than 1 substance (including alcohol)	0	0	0	0	0	0	0
D12	Alcohol (any use at all, 30 days)	0	0	0	0	0	0	0
D12	Alcohol - to intoxication	0	0	0	0	0	0	0

Note that the order of substances should be adapted for the culture

D13a. Identify the primary substance of abuse: **D3**

D13b. Identify the secondary substance of abuse: **00**

• Interviewer should determine the primary and secondary drugs of abuse. Code the number next to the drug in questions D1-D12

D13c. Since you started using these major substances, has there ever been a time when you stopped using them? 0=No 1=Yes

D 13d. If you stopped using these major substances, was it because you were in a controlled environment like a hospital or a jail where you could not leave if you wanted to leave? 0=No 1=Yes

D14. How long was your most recent period of voluntary abstinence from these major substance(s)? **00**
Months

• Most recent sobriety lasting at least one month. Periods of hospitalization/incarceration *do not count*. Periods of antabuse, methadone, or naltrexone use *do count*. Code 00 = if D14c is no.

D15. How many days in the past 30 have you experienced Drug problems? **30**

- Include: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.

For Questions D28 and D30, ask the patient to use the Patient Rating scale. The patient is rating the need for additional substance abuse treatment.

D16. How troubled or bothered have you been in the past 30 days by these drug problems? **3**

D17. How important to you now is treatment for these drug problems? **3**

D18. How many days in the past 30 have you experienced: Alcohol problems? **00**

- Include: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.

For Questions D19 and D20, ask the patient to use the Patient Rating scale. The patient is rating the need for substance abuse treatment.

D19. How troubled or bothered have you been in the past 30 days by these alcohol problems? **3**

D20. How important to you now is treatment for these alcohol problems? **3**

D21. Who introduced you to substances (for each person, respond yes or no):
0 - No 1 - Yes

D21a. Mother	<input type="text" value="1"/>
D21b. Father	<input type="text" value="1"/>
D21c. Brothers/Sisters	<input type="text" value="0"/>
D21d. Partner/Spouse	<input type="text" value="0"/>
D21e. Children	<input type="text" value="0"/>
D21f. Other Significant Family (specify)	<input type="text" value="0"/>

LEGAL STATUS

L1. Was this admission prompted or suggested by the criminal justice system? **0** - No **1** - Yes

L2. Are you on parole or probation? **0** - No **1** - Yes

• Note duration and level in comments.

How many times in your life have you been arrested and charged with the following:

L3 * Shoplift/Vandal	<input type="text" value="0"/> <input type="text" value="0"/>	L10* Assault	<input type="text" value="0"/> <input type="text" value="0"/>
0L4 * Parole/Probation Violations	<input type="text" value="0"/> <input type="text" value="0"/>	L11* Arson	<input type="text" value="0"/> <input type="text" value="0"/>
L5 * Drug Charges	<input type="text" value="0"/> <input type="text" value="0"/>	L12* Rape	<input type="text" value="0"/> <input type="text" value="0"/>
0L6 * Forgery	<input type="text" value="0"/> <input type="text" value="0"/>	L13* Homicide/ Manslaughter	<input type="text" value="0"/> <input type="text" value="0"/>
L7* Weapons Offense	<input type="text" value="0"/> <input type="text" value="0"/>	L14* Prostitution/Sex Work, women/child trafficking	<input type="text" value="0"/> <input type="text" value="0"/>
L8* Burglary/Larceny Breaking and Entering	<input type="text" value="0"/> <input type="text" value="0"/>	L15* Contempt of Court	<input type="text" value="0"/> <input type="text" value="0"/>
L9 * Robbery, Corruption people smuggler?	<input type="text" value="0"/> <input type="text" value="0"/>	L16* Other: _____	<input type="text" value="0"/> <input type="text" value="0"/>

- Include total number of counts, not just convictions. Do not include juvenile (pre-age 18) crimes, unless they were charged as an adult.
- Include formal charges only.

L17* How many of these charges resulted in convictions? NN

- If L3-16 = 00, then question L17 = "NN".
- Convictions include fines, probation, incarcerations, suspended sentences, guilty pleas, and plea bargaining.

L18. How many months were you incarcerated in your life? 00

- If incarcerated 2 weeks or more, round this up Months to 1 month. List total number of months incarcerated.

L19. Are you presently awaiting charges, trial, or sentencing?

0 - No 1 - Yes

L20. What for? NN

- Use the number of the type of crime committed 03-16 in previous questions, above. If awaiting on more than one charge, choose most severe.

L21. How many days in the past 30, were you detained or incarcerated? 00

- Include being arrested and released on the same day.

L22. How many days in the past 30 have you engaged in illegal activities for profit? 00

- Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc.

For Questions L21-22, ask the patient to use the Patient Rating scale.

L21. How serious do you feel your present legal problems are?
• Exclude civil problems, such as divorce, etc. 1

L22. How important to you now is counseling or referral for these legal problems? 1

- **NOTE:** Patient is rating need for referral (or services) from your agency to legal counsel for defense against criminal charges.

FAMILY/SOCIAL STATUS

F1. Marital Status (check one only):
 1-Married 3-Widowed 5-Divorced
 2-Remarried 4-Separated 6-Never Married
 7- married to 2 or more wives
 • Common-law marriage = 1. Specify in comments.

	Living with you	Living outside your home
F1a. How many children do you have?	0	0
F1b. How many of these are under age 18	0	0

F2. Living arrangements past 30 days? Please mark everyone who lives with you.

	0 - No	1 - Yes
F2a. Mother		x
F2b. Father		x
F2c. Brother/Sister		x
F2d. Partner/Spouse		x
F2e. Children (specify how many _____)	x	
F2f. Other Significant Family Member(s) (specify) _____	x	
F2g. Friends (specify how many _____)	x	
F2h. Mother-in-Law		x
F2i. Father-in-Law	x	

F3. Do you worry about having enough food for you or your family?
 0-No 1-Yes
1

F4. Do you have access to transportation?
 0-No 1-Yes 1

F5. Do you have access to clean water?
 0-No 1-Yes 1

Do you live with anyone who:

F6. Has a current alcohol problem? 0-No 1-Yes 1

F7. Uses non-prescribed drugs? 0-No 1-Yes 1
 (or abuses prescribed drugs)

F8. With whom do you spend most of your free time (please make only one answer)?

1-Family 2-Friends 3-Alone

F9. How many of your close friends use drugs?
 Note: If patient has no close friends, code "N" N

F10. How many of your close friends abuse alcohol?
 Note: If patient has no close friends, code "N" N

Have you had significant periods in which you have experienced serious problems getting along with:

	0 - No, 1 - Yes
	Past 30 days In Your Life
F11. Mother	1 1
F12. Father	1 1

F13. Brother/Sister	1	1
F14. Partner/Spouse	1	1
F15. Children	N	N
F16. Other Significant Family (specify) _____	0	0
F17. Close Friends	0	0
F18. Neighbors	0	0
F19. Co-workers	N	N
F20. Mother-in-law	1	0
F21. Father-in-law	N	N

• "Serious problems" mean those that endangered the relationship.
 • A "problem" requires contact of some sort, either by telephone or in person. If no contact, code "N" If no relative (ex: no children) Code "N". in all boxes that are relevant

Has anyone ever abused you?

	Past 30 days	In Your Life
	0- No 1-Yes	0- No 1-Yes
F22. Physically? • Caused you physical harm.	1	1
F23. Sexually? • Forced any sexual advances/acts.	1	1

How many days in the past 30 have you had serious conflicts:

F24. With your family? 12

Ask the patient to use the Patient Rating scale:

How troubled or bothered have you been in the past 30 days by:

F25. Family problems? 4

How important to you now is treatment or counseling for these:

F26. Family problems 4
 • Patient is rating his/her need for counseling for family problems, not whether they would be willing to attend

Note: The patient is rating their need for you/your program to provide or refer them to family services, above and beyond any services they may already be getting.

How many days in the past 30 have you had serious conflicts:

F27. With other people (excluding family)? 06

Ask the patient to use the Patient Rating scale:

How troubled or bothered have you been in the past 30 days by:

F28. Social problems? 4

How important to you now is treatment or counseling for these:

F29. Social problems 4
 • Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems.

Note: The patient is rating their need for you/your program to provide or refer them to these types of services, above and beyond treatment they may already be getting somewhere else.

MENTAL HEALTH (PSYCHIATRIC) STATUS

How many times have you been treated for any mental health, psychological or emotional problems:

- P1* In a hospital or inpatient setting? 00
- P2* Outpatient/private patient? 00
- Do not include substance abuse, employment, or family counseling.
 - Treatment episode = a series of continuous visits or treatment days, not the number of visits.

Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have:

- | | Past 30 Days | | Lifetime | |
|---|--------------|-------|----------|-------|
| | 0-No | 1-Yes | 0-No | 1-Yes |
| P3. Experienced serious depression-sadness, hopelessness, loss of interest? | 1 | | 1 | |
| P4. Experienced serious anxiety/tension uptight, unreasonably worried, inability to feel relaxed? | 0 | | 1 | |
| P5. Experienced hallucinations-saw things/heard voices that others didn't see/hear?
Code other psychotic symptoms here also. | 0 | | 0 | |
| P6. Experienced trouble understanding, concentrating, or remembering? | 0 | | 0 | |

P7. Do you make yourself Sick because you feel uncomfortably full? Past 30 Days 0-No 1-Yes Lifetime 0-No 1-Yes

P8. Do you worry you have lost Control over how much you eat? Past 30 Days 0-No 1-Yes Lifetime 0-No 1-Yes

P9. Have you recently lost more than 14 pounds in a 3-month period? Past 30 Days 0-No 1-Yes Lifetime 0-No 1-Yes

P10. Do you believe yourself to be fat when others say you are too thin? 0-No 1-Yes

P11. Would you say that Food dominates your life? 0-No 1-Yes

	0-No	1-Yes
P12. Has a health care provider recommended you take any medications for psychological or emotional problems? • Recommended for the patient by a physician or other health care provider as appropriate. Record "Yes" if a medication was recommended even if the patient is not taking it.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

P13. How many days in the past 30 have you experienced these psychological or emotional problems?

For Questions P14-P15, ask the patient to use the Patient Rating scale

P14. How troubled or bothered have you been by these

psychological or emotional problems in the past 30 days?

P15. How important to you now is treatment for these psychological or emotional problems?

Note: The patient is rating their need for you/your program to provide or refer them to psychological/psychiatric services, above and beyond treatment they may already be getting somewhere else.

ASI Response Card



1 Not at all



2 Slightly



3 Moderately



4 Considerably



5 Extremely