

INSTRUCTIONS

1. Leave No Blanks - Where appropriate code:
X = question not answered
N = questions not applicable
Use only one character per item.
2. Item numbers circled are to be asked at follow-up. Items with an asterisk are cumulative and should be rephrased at follow-up (see Manual).
3. Space is provided after sections for additional comments.

ADDICTION SEVERITY INDEX

SEVERITY RATINGS

The severity ratings are interviewer estimates of the patient's need for additional treatment in each area. The scales range from 0 (no treatment necessary) to 9 (treatment needed to intervene in life-threatening situation). Each ratings is based upon the patient's history of problem symptoms, present condition and subjective assessment of his treatment needs in a given area. For a detailed description of severity ratings' derivation procedures and conventions, see manual. **Note:** These severity ratings are optional.

Fifth Edition

SUMMARY OF PATIENTS RATING SCALE

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

G1. I.D. NUMBER

G2. LAST 4 DIGITS OF SSN

G3. PROGRAM NUMBER

G4. DATE OF ADMISSION

G5. DATE OF INTERVIEW

G6. TIME BEGUN :

G7. TIME ENDED :

G8. CLASS:
1 - Intake
2 - Follow-up

G9. CONTACT CODE:
1 - In Person
2 - Phone

G10. GENDER:
1 - Male
2 - Female

G11. INTERVIEWER CODE NUMBER

G12. SPECIAL:
1 - Patient terminated
2 - Patient refused
3 - Patient unable to respond

GENERAL INFORMATION

NAME _____

CURRENT ADDRESS _____

G13. GEOGRAPHIC CODE

G14. How long have you lived at this address?

G15. Is this residence owned by your or your family?

G16. DATE OF BIRTH

G17. RACE
1 - White (Not of Hispanic Origin)
2 - Black (Not of Hispanic Origin)
3 - American Indian
4 - Alaskan Native
5 - Asian or Pacific Islander
6 - Hispanic - Mexican
7 - Hispanic - Puerto Rican
8 - Hispanic - Cuban
9 - Other Hispanic

G18. RELIGIOUS PREFERENCE
1 - Protestant
2 - Catholic
3 - Jewish
4 - Islamic
5 - Other
6 - None

G19. Have you been in a controlled environment in the past 30 days?
1 - No
2 - Jail
3 - Alcohol or Drug Treatment
4 - Medical Treatment
5 - Psychiatric Treatment
6 - Other

G20. How many days?

ADDITIONAL TEST RESULTS

G21. Shipley C.Q.

G22. Shipley I.Q.

G23. Beck Total Score

G24. SCL-90 Total

G25. MAST

G26.

G27.

G28.

SEVERITY PROFILE

9									
8									
7									
6									
5									
4									
3									
2									
1									
0									
PROBLEMS	MEDICAL	EMP/SUP	ALCOHOL	DRUG	LEGAL	FAM/SOC	PSYCH		

MEDICAL STATUS

M1. How many times in your life have you been hospitalized for medical problems? (Include o.d.'s, d.t.'s, exclude detox.)

M5. Do you receive a pension for a physical disability? (Exclude psychiatric disability.)
0 - No
1 - Yes _____
Specify

M8. How important to you now is treatment for these medical problems?

M2. How long ago was your last hospitalization for a physical problem? Years Months

M6. How many days have you experienced medical problems in the past 30 days?

INTERVIEWER SEVERITY RATING

M9. How would you rate the patient's need for medical treatment?

M3. Do you have any chronic medical problems which continue to interfere with your life?

FOR QUESTIONS M7 & M8 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

CONFIDENCE RATINGS

Is the above information significantly distorted by:

M4. Are you taking any prescribed medication on a regular basis for a physical problem? 0 - No 1 - Yes

M7. How troubled or bothered have you been by these medical problems in the past 30 days?

M10. Patient's misrepresentation?
0 - No 1 - Yes

M11. Patient's inability to understand?
0 - No 1 - Yes

COMMENTS

EMPLOYMENT/SUPPORT STATUS

E1. Education completed Years Months

E10. Usual employment pattern, past 3 years.
1 - full time (40 hrs/wk)
2 - part time (reg. hrs.)
3 - part time (irreg., daywork)
4 - student
5 - service
6 - retired/disability
7 - unemployed
8 - in controlled environment

E18. How many people depend on you for the majority of their food, shelter, etc.?

E2. Training or technical education completed Months

E19. How many days have you experienced employment problems in the past 30?

E3. Do you have a profession, trade or skill?
0 - No
1 - Yes _____
Specify

FOR QUESTIONS E20&E21 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

E4. Do you have a valid driver's license?
0 - No 1 - Yes

E11. How many days were you paid for working in the past 30? (include "under the table" work.)

E20. How troubled or bothered have you been by these employment problems in the past 30 days?

E5. Do you have an automobile available for use? (Answer No if no valid driver's license.) 0 - No 1 - Yes

How much money did you receive from the following sources in the past 30 days?

E21. How important to you now is counseling for these employment problems?

E6. How long was your longest full-time job? Years Months

E12. Employment (net income)

INTERVIEWER SEVERITY RATING

E7. Usual (or last) occupation?

E13. Unemployment compensation

E22. How would you rate the patient's need for employment counseling?

Specify in detail

E14. DPA

CONFIDENCE RATINGS

E8. Does someone contribute to your support in any way?

E15. Pension, benefits or social security

Is the above information significantly distorted by:

E9. (ONLY IF ITEM 8 IS YES) Does this constitute the majority of your support?

E16. Mate, family or friends (Money for personal expenses)

E23. Patient's misrepresentation?
0 - No 1 - Yes

E17. Illegal

E24. Patient's inability to understand?
0 - No 1 - Yes

COMMENTS

LEGAL STATUS

L1. Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.) 0 - No 1 - Yes

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

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

L3. - shoplifting/vandalism	<input type="checkbox"/>	<input type="checkbox"/>
L4. - parole/probation violations	<input type="checkbox"/>	<input type="checkbox"/>
L5. - drug charges	<input type="checkbox"/>	<input type="checkbox"/>
L6. - forgery	<input type="checkbox"/>	<input type="checkbox"/>
L7. - weapons offense	<input type="checkbox"/>	<input type="checkbox"/>
L8. - burglary, larceny, B&E	<input type="checkbox"/>	<input type="checkbox"/>
L9. - robbery	<input type="checkbox"/>	<input type="checkbox"/>
L10. - assault	<input type="checkbox"/>	<input type="checkbox"/>
L11. - arson	<input type="checkbox"/>	<input type="checkbox"/>
L12. - rape	<input type="checkbox"/>	<input type="checkbox"/>
L13. - homicide, manslaughter	<input type="checkbox"/>	<input type="checkbox"/>
L14. - prostitution	<input type="checkbox"/>	<input type="checkbox"/>
L15. - contempt of court	<input type="checkbox"/>	<input type="checkbox"/>
L16. - other	<input type="checkbox"/>	<input type="checkbox"/>

L17. How many of these charges resulted in convictions?

How many time in your life have you been charged with the following:

L18. Disorderly conduct, vagrancy, public intoxication

L19. Driving while intoxicated

L20. Major driving violations (reckless driving, speeding, no license, etc.)

L21. How many months were you incarcerated in your life?
Months

L22. How long was your last incarceration?
Months

L23. What was it for? (Use codes 3-16, 18-20. If multiple charges, code most severe)

L24. Are you presently awaiting charges, trial or sentence? 0 - No 1 - Yes

L25. What for? (If multiple charges, use most severe).

L26. How many days in the past 30 were you detained or incarcerated?

L27. How many days in the past 30 have you engaged in illegal activities for profit?

FOR QUESTIONS L28 & L29 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

L28. How serious do you feel your present legal problems are? (Exclude civil problems)

L29. How important to you now is counseling or referral for these legal problems?

INTERVIEWER SEVERITY RATING

L30. How would you rate the patient's need for legal services or counseling?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

L31. Patient's misrepresentation?

L32. Patient's inability to understand?

COMMENTS

FAMILY HISTORY

Have any of your relatives had what you would call a significant drinking, drug use or psych problem - one that did or should have led to

Mother's Side

Father's Side

Siblings

	Alc	Drug	Psych		Alc	Drug	Psych		Alc	Drug	Psych
H1. Grandmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H6. Grandmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H11. Grandmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2. Grandfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H7. Grandfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H12. Grandfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H3. Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H8. Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H13. Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H4. Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H9. Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H14. Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H5. Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H10. Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H15. Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Direction: Place "0" in relative category where the answer is clearly no for all relatives in the category; "1" where the answer is clearly yes for any relative within the category; "X" where the answer is uncertain or "I don't know" and "N" where there never was a relatives from that category. Code most problematic relative in cases of multiple members per category.

FAMILY/SOCIAL RELATIONSHIPS

F1. Marital Status

1 - Married 4 - Separated
 2 - Remarried 5 - Divorced
 3 - Widowed 6 - Never Married

F2. How long have you been in this marital status? (If never married, since age 18).

Years Months

F3. Are you satisfied with this situation ?

0 - No
 1 - Indifferent
 2 - Yes

F4. Usual living arrangements (past 3 yr.)

1 - With sexual partner and children
 2 - With sexual partner alone
 3 - With children alone
 4 - With parents
 5 - With family
 6 - With friends
 7 - Alone
 8 - Controlled environment
 9 - No stable arrangements

F5. How long have you lived in those arrangements? (If with parents or family, since age 18).

Years Months

F6. Are you satisfied with these living arrangements?

0 - No
 1 - Indifferent
 2 - Yes

Do you live with anyone who: (0 - No 1 - Yes)

F7. Has a current alcohol problem ?

F8. Uses non-prescribed drugs ?

F9. With whom do you spend most of your free time:

1 - Family
 2 - Friends
 3 - Alone

F10. Are you satisfied with spending your free time this way?

0 - No
 1 - Indifferent
 2 - Yes

F11. How many close friends do you have?

Direction for F12-F26: Place "0" in relative category where the answer is clearly no for all relatives in the category; "1" where the answer is clearly yes for any relative within the category; "X" where the answer is uncertain or "I don't know" and "N" where there never was a relative from that category.

Would you say you have had close, long lasting, personal relationships with any of the following people in your life:

F12. Mother

F13. Father

F14. Brothers/Sisters

F16. Children

F17. Friends

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

	PAST 30 DAYS	IN YOUR LIFE
F18. Mother	<input type="text"/>	<input type="text"/>
F19. Father	<input type="text"/>	<input type="text"/>
F20. Brothers/Sisters	<input type="text"/>	<input type="text"/>
F21. Sexual partner/spouse	<input type="text"/>	<input type="text"/>
F22. Children	<input type="text"/>	<input type="text"/>
F23. Other significant family	<input type="text"/>	<input type="text"/>
F24. Close friends	<input type="text"/>	<input type="text"/>
F25. Neighbors	<input type="text"/>	<input type="text"/>
F26. Co-Workers	<input type="text"/>	<input type="text"/>

Did any of these people (F18-F26) abuse you:

	PAST 30 DAYS	IN YOUR LIFE
F27. Emotionally (make you feel bad through harsh words)?	<input type="text"/>	<input type="text"/>
F28. Physically (cause you physical harm)?	<input type="text"/>	<input type="text"/>
F29. Sexually (force sexual advances or sexual acts)?	<input type="text"/>	<input type="text"/>

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

F30. With your family ?

F31. With other people ? (excluding family)

FOR QUESTIONS F32-F35 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

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

F32. Family problems

F33. Social problems

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

F34. Family problems

F35. Social problems

INTERVIEWER SEVERITY RATING

F36. How would you rate the patient's need for family and/or social counseling?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

F37. Patient's misrepresentation ?

0 - No 1 - Yes

F38. Patient's inability to understand ?

0 - No 1 - Yes

COMMENTS
