

INSTRUCTIONS

1. Leave No Blanks - Where appropriate code items:

X = question not answered
N = questions not applicable

Use only one character per item.

2. Item numbers underlined> 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.

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.

Addiction Severity Index 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 Mth. Day Year

G5. DATE OF INTERVIEW Mth. Day Year

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? Years Months

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

G16. DATE OF BIRTH Mth. Day Year

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								
Employ/Support								
Alcohol								
Drug								
Legal								
Family/Social								
Psychiatric								

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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.)

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

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

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

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

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

*For questions M7 & M8 please ask the patient to use the **Patient's Rating Scale.***

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

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

Interviewer Severity Rating

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

Confidence Rating

Is the above information significantly distorted by:

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

E2. Training or technical education completed Months

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

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

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

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

E7. Usual (or last) occupation?

Specify in Detail _____

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

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

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

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

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

E12. Employment (net income)

E13. Unemployment compensation

E14. DPA

E15. Pension, benefits or social security

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

E17. Illegal

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

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

*For questions E20&E21 please ask patient to use the **Patient Rating Scale.***

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

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

Interviewer Severity Rating

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

Confidence Rating

Is the above information significantly distorted by:

E23. Patient's misrepresentation?

E24. Patient's inability to understand?

COMMENTS

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

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 of incarcerated?

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

For questions L28 & L29 please ask the 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 Rating

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 treatment?

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. Brother	<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. Sister	<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"/>				
H4. Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H9. 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"/>				

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.

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FAMILY/SOCIAL RELATIONSHIPS

F1. Marital Status

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

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

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?
0 = No 1 = Yes

F27. Emotionally (make you feel bad through harsh words)?

F28. Physically (caused you physical harm)?

F29. Sexually (forced sexual advances or sexual acts)?

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 the 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 Rating

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
