Addiction Severity Index *Lite* - CF

Clinical/Training Version

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Remember: This is an interview, not a test

≈Item numbers circled are to be asked at follow-up.≈
≈Items with an asterisk* are cumulative and should be rephrased at follow-up.≈
≈Items in a double border gray box are questions for the interviewer. Do not ask these questions of the client.≈

INTRODUCING THE ASI: Seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychological. All clients receive this same standard interview. All information gathered is confidential.

There are two time periods we will discuss:

1. The past 30 days
2. Lifetime Data

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

If you are uncomfortable giving an answer, then don't answer.

Please do not give inaccurate information!

INTERVIEWER INSTRUCTIONS:

1. Leave no blanks.
2. Make plenty of Comments (if another person reads this ASI, they should have a relatively complete picture of the client's perceptions ofhis/her problems).
3. X = Question not answered.
   N = Question not applicable.
4. Terminate interview if client misrepresents two or more sections.
5. When noting comments, please write the question number.
6. Tutorial/clarification notes are preceded with "•".

HALF TIME RULE: 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.

CONFIDENCE RATINGS:
⇒ Last two items in each section.
⇒ Do not over interpret.
⇒ Denial does not warrant misrepresentation.
⇒ Misrepresentation = overt contradiction in information.

Probe and make plenty of comments!

HOLLINGSHEAD CATEGORIES:

1. Higher execs, major professionals, owners of large businesses.
2. Business managers if medium sized businesses, lesser professions, i.e., nurses, opticians, pharmacists, social workers, teachers.
3. Administrative personnel, managers, minor professionals, owners/proprietors of small businesses, i.e., bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent.
4. Clerical and sales, technicians, small businesses (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary).
5. Skilled manual - usually having had training (baker, barber, brakeman, chef, electrician, fireman, lineman, machinist, mechanic, paperhanger, painter, repairman, tailor, welder, policeman, plumber).
6. Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator).
7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter, including unemployed).
8. Homemaker.
9. Student, disabled, no occupation.

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Pain killers = Morphine, Dilaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Syrups = Robitussin, Fentanyl
Barbiturates:	Nembutal, Seconal, Tuinal, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinal
Sed/Hyp/Tranq:	Benzodiazepines = Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = Chloral Hydrate, Quaaludes
Cocaine:	Cocaine Crystal, Free-Base Cocaine or Crack, and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
Cannabis:	Marijuana, Hashish
Hallucinogens:	LSD (Acid), Mescaline, Psilocybin (Mushrooms), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstacy
Inhalants:	Nitrous Oxide (Whippits), Amyl Nitrite (Poppers), Glue, Solvents, Gasoline, Toluene, Etc.

Just note if these are used: Antidepressants,
Ulcer Meds = Zantac, Tagamet
Asthma Meds = Ventolin Inhaler, Theodur
Other Meds = Antipsychotics, Lithium

ALCOHOL/DRUG USE INSTRUCTIONS:

The following questions look at two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days. However if the client has been incarcerated for more than 1 year, you would only gather lifetime information, unless the client admits to significant alcohol /drug use during incarceration. This guideline only applies to the Alcohol/Drug Section.

⇒30 day questions only require the number of days used.
⇒Lifetime use is asked to determine extended periods of use.
⇒Regular use = 3+ times per week, binges, or problematic irregular use in which normal activities are compromised.
⇒Alcohol to intoxication does not necessarily mean "drunk", use the words felt the effects", "got a buzz", "high", etc. instead of intoxication. As a rule of thumb, 5+ drinks in one setting, or within a brief period of time defines "intoxication".
⇒ "How to ask these questions:
→ "How many days in the past 30 have you used....?
→ "How many years in your life have you regularly used....?"

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GENERAL INFORMATION

G1.ID No.: ☐☐☐☐☐☐☐☐☐☐☐

G2. SS No. : ☐☐☐ - ☐☐ - ☐☐☐☐

G3. Program No: ___ ____ ____

G4. Date of Admission: ☐☐ / ☐☐ / ☐☐☐☐

G5. Date of Interview: ☐☐ / ☐☐ / ☐☐☐☐

G8. Class: 1. Intake 2. Follow-up ☐

G9. Contact Code: 1. In person ☐
2. Telephone (Intake ASI must be in person)
3. Mail

G10. Gender: 1. Male 2. Female ☐

G11. Interviewer Code No.: ☐☐

G12. Special: 1. Patient terminated ☐
2. Patient refused
3. Patient unable to respond

Name

Address 1

Address 2

City State Zip Code (____) Tel. No.

G14. How long have you lived at this address? ☐☐ Years ☐☐ Months

G16. Date of birth: ☐☐ / ☐☐ / ☐☐☐☐
(Month/Day/Year)

G17. Of what race do you consider yourself? ☐
1. White (not Hisp) 5. Asian/Pacific 9. Other Hispanic
2. Black (not Hisp) 6. Hispanic-Mexican
3. American Indian 7. Hispanic-Puerto Rican
4. Alaskan Native 8. Hispanic-Cuban

G18. Do you have a religious preference? ☐
1. Protestant 3. Jewish 5. Other
2. Catholic 4. Islamic 6. None

G19. Have you been in a controlled environment in the past 30 days? ☐
1. No 4. Medical Treatment
2. Jail 5. Psychiatric Treatment
3. Alcohol/Drug Treat. 6. Other: _____
•A place, theoretically, without access to drugs/alcohol.

G20. How many days? ☐☐
•"NN" if Question G19 is No. Refers to total number of days detained in the past 30 days.

(Clinical/Training Version)

MEDICAL STATUS

M1.* How many times in your life have you been hospitalized for medical problems? ☐☐

- Include O.D.'s and D.T.'s. Exclude detox, alcohol/drug, psychiatric treatment and childbirth (if no complications). Enter the number of ***overnight*** hospitalizations for medical problems.

M3. 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., medication, dietary restriction) preventing full advantage of their abilities.

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

- ***If Yes, specify in comments.***
- Medication prescribed by a MD for medical conditions; ***not psychiatric medicines***. Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems.

M5. Do you receive a pension for a physical disability? 0 - No 1 - Yes ☐

- ***If Yes, specify in comments.***
- Include Workers' compensation, exclude psychiatric disability.

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

- Do not include ailments directly caused by drugs/alcohol.
- Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.).

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

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

- Restrict response to problem days of Question M6.

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

- Refers to the need for ***new*** or ***additional*** medical treatment by the patient.

CONFIDENCE RATINGS

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 ☐

MEDICAL COMMENTS

(Include question number with your notes)

EMPLOYMENT/SUPPORT STATUS

E1.* Education completed:
- GED = 12 years, note in comments.
- Include formal education only.

☐☐ Years ☐☐ Months

E2.* Training or Technical education completed:
- Formal/organized training only. For military training, only include training that can be used in civilian life, i.e., electronics or computers.

☐☐ Months

E4. Do you have a valid driver's license?
- Valid license; not suspended/revoked.

0 - No 1 - Yes ☐

E5. Do you have an automobile available?
- If answer to **E4** is "**No**", then **E5** must be "**No**". Does not require ownership, only requires availability on a regular basis.

0 - No 1 - Yes ☐

E6. How long was your longest full time job?
- Full time = 35+ hours weekly; does not necessarily mean most recent job.

☐☐ / ☐☐
Yrs / Mos

E7.* Usual (or last) occupation?
(specify) _____ ☐
(use Hollingshead Categories Reference Sheet)

E9 Does someone contribute the majority of your support?

0 - No 1 - Yes ☐

E10. Usual employment pattern, past three years? ☐

1. Full time (35+ hours)
2. Part time (regular hours)
3. Part time (irregular hours)
4. Student
5. Service
6. Retired/Disability
7. Unemployed
8. In controlled environment

- Answer should represent the *majority* of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents more current situation.

E11 How many days were you paid for working in the past 30 days? ☐☐
- Include "under the table" work, paid sick days and vacation.

EMPLOYMENT/SUPPORT COMMENTS

(Include question number with your notes)

For questions E12-17: How much money did you receive from the following sources in the past 30 days?

E12. Employment? ☐☐☐☐☐
- Net or "take home" pay, include any "under the table" money.

E13. Unemployment Compensation? ☐☐☐☐☐

E14. Welfare? ☐☐☐☐☐
- Include food stamps, transportation money provided by an agency to go to and from treatment.

E15. Pensions, benefits or Social Security? ☐☐☐☐☐
- Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation.

E16. Mate, family, or friends? ☐☐☐☐☐
- Money for personal expenses, (i.e. clothing), include unreliable sources of income (e.g. gambling). Record ***cash*** payments only, include windfalls (unexpected), money from loans, gambling, inheritance, tax returns, etc.).

E17. Illegal? ☐☐☐☐☐
- ***Cash*** obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc. ***Do not*** attempt to convert drugs exchanged to a dollar value.

E18. How many people depend on you for the majority of their food, shelter, etc.? ☐☐
- Must be regularly depending on patient, do include alimony/child support, do not include the patient or self-supporting spouse, etc.

E19. How many days have you experienced employment problems in the past 30 ? ☐☐
- Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized.

For Question E20, ask the patient to use the Patient Rating scale.

E20. How troubled or bothered have you been by these employment problems in the past 30 days? ☐
- If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems.

E21. How important to you *now* is counseling for these employment problems? ☐
- The patient's ratings in Questions E20-21 refer to Question E19.
- Stress help in finding or preparing for a job, not giving them a job.

CONFIDENCE RATINGS

Is the above information significantly distorted by:

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

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

EMPLOYMENT/SUPPORT COMMENTS

(Include question number with your notes)

ALCOHOL/DRUGS

Route of Administration Types:

1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV

• *Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.*

		Past 30 Days	Lifetime (years)	Route of Admin
D1	Alcohol (any use at all)			
D2	Alcohol (to intoxication)			
D3	Heroin			
D4	Methadone			
D5	Other Opiates/Analgesics			
D6	Barbiturates			
D7	Sedatives/Hypnotics/ Tranquilizers			
D8	Cocaine			
D9	Amphetamines			
D10	Cannabis			
D11	Hallucinogens			
D12	Inhalants			
D13	More than 1 substance per day (including alcohol)			

D17. How many times have you had Alcohol DT's?

• ***Delirium Tremens*** (DT's): Occur 24-48 hours after last drink, or significant decrease in alcohol intake, shaking, severe disorientation, fever, , hallucinations, they usually require medical attention.

ALCOHOL/DRUGS COMMENTS

(Include question number with your notes)

ALCOHOL/DRUGS (cont.)

How many times in your life have you been treated for :

D19*. Alcohol abuse? ☐☐

D20*. Drug abuse? ☐☐

- Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period).

How many of these were detox only:

D21. Alcohol? ☐☐

D22. Drugs? ☐☐

- If D19 = "00", then question D21 is "NN"
  If D20 = '00', then question D22 is "NN"

How much money would you say you spent during the past 30 days on:

D23. Alcohol? ☐☐☐☐☐

D24. Drugs? ☐☐☐☐☐

- Only count actual ***money*** spent. What is the financial burden caused by drugs/alcohol?

D25. How many days have you been treated as an outpatient for alcohol or drugs in the past 30 days? ☐☐
- Include AA/NA

For Questions D28-D31, ask the patient to use the Patient Rating scale. The patient is rating the need for additional substance abuse treatment.

How many days in the past 30 have you experienced:

D26. Alcohol problems? ☐☐

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

D28. Alcohol problems? ☐

How important to you *now* is treatment for these:

D30. Alcohol problems? ☐

How many days in the past 30 have you experienced:

D27. Drug problems? ☐☐
- Include only: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.

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

D29. Drug problems? ☐

How important to you *now* is treatment for these:

D31. Drug problems? ☐

CONFIDENCE RATINGS

Is the above information significantly distorted by:

D34. Patient's misrepresentation? 0-No 1-Yes ☐

D35. Patient's inability to understand? 0-No 1-Yes ☐

ALCOHOL/DRUGS COMMENTS

(Include question number with your notes)

LEGAL STATUS

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

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		L10* Assault	
L4 * Parole/Probation		L11* Arson	
L5 * Drug Charges		L12* Rape	
L6 * Forgery		L13* Homicide/Mansl.	
L7* Weapons Offense		L14* Prostitution	
L8* Burglary/Larceny/B&E		L15* Contempt of Court	
L9 * Robbery		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.

L17* How many of these charges resulted in convictions?
- If L03-16 = 00, then question L17 = "NN".
- Do not include misdemeanor offenses from questions L18-20 below.
- Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas.

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

L18* Disorderly conduct, vagrancy, public intoxication?

L19* Driving while intoxicated?

L20* Major driving violations?
- Moving violations: speeding, reckless driving, no license, etc.

L21* 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.

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

L25 What for?
- Use the number of the type of crime committed: 03-16 and 18-20
- Refers to Q. L24. If more than one, choose most severe.
- Don't include civil cases, unless a criminal offense is involved.

L26 How many days in the past 30, were you detained or incarcerated?
- Include being arrested and released on the same day.

LEGAL COMMENTS

(Include question number with your notes)

LEGAL STATUS (cont.)

L27. 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. May be cross checked with Question E17 under Employment/Family Support Section.

For Questions L28-29, ask the patient to use the Patient 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? ☐

- Patient is rating a need for ***additional*** referral to legal counsel for defense against criminal charges.

CONFIDENCE RATINGS

Is the above information significantly distorted by:

L31. Patient's misrepresentation? 0 - No 1- Yes ☐

L32. Patient's inability to understand? 0 - No 1 - Yes ☐

LEGAL COMMENTS

(Include question number with your notes)

FAMILY/SOCIAL RELATIONSHIPS

F1. Marital Status: ☐
1-Married 3-Widowed 5-Divorced
2-Remarried 4-Separated 6-Never Married
• Common-law marriage = 1. Specify in comments.

F3. Are you satisfied with this situation? ☐
0-No 1-Indifferent 2-Yes
• Satisfied = generally liking the situation. - Refers to Questions F1 & F2.

F4.* Usual living arrangements (past 3 years): ☐
1-With sexual partner & 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 arrangement
• Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangement.

F6. Are you satisfied with these arrangements? ☐
0-No 1-Indifferent 2-Yes

Do you live with anyone who:

F7. Has a current alcohol problem? 0-No 1-Yes ☐

F8 Uses non-prescribed drugs? 0-No 1-Yes ☐

F9. With whom do you spend most of your free time? 1-Family 2-Friends ☐
Alone
• If a girlfriend/boyfriend is considered as family by patient, then they must refer to them as family throughout this section, not a friend.

F10. Are you satisfied with spending your free time this way? 0-No 1-Indifferent 2-Yes ☐
• A satisfied response must indicate that the person generally likes the situation. Referring to Question F9.

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
F18 Mother	☐	☐
F19. Father	☐	☐
F20 Brother/Sister	☐	☐
F21. Sexual Partner/Spouse	☐	☐
F22 Children	☐	☐
F23 Other Significant Family (specify)_____	☐	☐
F24 Close Friends	☐	☐
F25. Neighbors	☐	☐
F26 Co-workers	☐	☐

• "Serious problems" mean those that endangered the relationship.
• A "problem" requires contact of some sort, either by telephone or in person.

Did anyone abuse you? 0- No 1-Yes

	Past 30 days	In Your Life
F28. Physically? • Caused you physical harm.	☐	☐
F29. Sexually? • Forced sexual advances/acts.	☐	☐

FAMILY/SOCIAL COMMENTS

(Include question number with your notes)

FAMILY/SOCIAL (cont.)

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

F30. With your family? ☐☐

For Questions F32-34, ask the patient to use the Patient Rating scale.

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

F32. Family problems ? ☐

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

F34. Family problems ☐

- Patient is rating *his/her* need for counseling for family problems, not whether the family would be willing to attend.

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

F31. With other people (excluding family)? ☐☐

For Questions F33-35, ask the patient to use the Patient Rating scale.

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

F33. Social problems? ☐

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

F35. 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.

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 ☐

FAMILY/SOCIAL COMMENTS

(Include question number with your notes)

PSYCHIATRIC STATUS

How many times have you been treated for any 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 more or less continuous visits or treatment days, not the number of visits or treatment days.
- Enter diagnosis in comments if known.

P3. Do you receive a pension for a psychiatric disability? ☐

0-No 1-Yes

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

0-No 1-Yes

	Past 30 Days	Lifetime
P4. Experienced serious depression-sadness, hopelessness, loss of interest, difficulty with daily function?	☐	☐
P5. Experienced serious anxiety/ tension, uptight, unreasonably worried, inability to feel relaxed?	☐	☐
P6. Experienced hallucinations-saw things or heard voices that were not there?	☐	☐
P7. Experienced trouble understanding, concentrating, or remembering?	☐	☐

For Items P8-10, Patient can have been under the influence of alcohol/drugs.

P8. Experienced trouble controlling violent behavior including episodes of rage, or violence?	☐	☐
P9. Experienced serious thoughts of suicide? • Patient seriously considered a plan for taking his/her life.	☐	☐
P10. Attempted suicide? • Include actual suicidal gestures or attempts.	☐	☐
P11. Been prescribed medication for any psychological or emotional problems? • Prescribed for the patient by MD. Record "Yes" if a medication was prescribed *even if* the patient is not taking it.	☐	☐

P12. How many days in the past 30 have you experienced these psychological or emotional problems? ☐☐

- This refers to problems noted in Questions P4-P10.

For Questions P13-P14, ask the patient to use the Patient Rating scale

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days? ☐

- Patient should be rating the problem days from Question P12.

P14. How important to you *now* is treatment for these psychological or emotional problems? ☐

CONFIDENCE RATING

Is the above information significantly distorted by:

P22. Patient's misrepresentation? 0-No 1-Yes ☐

P23. Patient's inability to understand? 0-No 1-Yes ☐

PSYCHIATRIC STATUS COMMENTS

(Include question number with your comments)