

INSTRUCTIONS

1. Leave No Blanks - Where appropriate code items:
 X = question not answered
 N = question 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 rating 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/1998 Version

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? YRS. MOS.

G15. Is this residence owned by you or your family?
 0 - No 1 - Yes

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 4 - Islamic
 2 - Catholic 5 - Other
 3 - Jewish 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 | EMPSUP | ALCONOL | DRUG | LEGAL | FAM/SOC | PSYCH |

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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.)

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

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

M2. How long ago was your last hospitalization for a physical problem YRS. MOS.

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

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?
0 - No
1 - Yes _____
Specify

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 (GED = 12 years) YRS. MOS.

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 MOS.

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? YRS. MOS.

E12. Employment (net income)

INTERVIEWER SEVERITY RATING

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

* E7. Usual (or last) occupation.

(Specify in detail)

E13. Unemployment compensation

CONFIDENCE RATINGS

Is the above information significantly distorted by:

E8. Does someone contribute to your support in any way?
0 - No 1 - Yes

E14. DPA

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

E9. (ONLY IF ITEM E8 IS YES) Does this constitute the majority of your support?
0 - No 1 - Yes

E15. Pension, benefits or social security

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

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

E17. Illegal

Comments

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DRUG/ALCOHOL USE

PAST 30 Days LIFETIME USE Yrs. Rt of adm.

| | | | | |
|-----|---------------------------|--|--|--|
| D1 | Alcohol - Any use at all | | | |
| D2 | Alcohol - To Intoxication | | | |
| D3 | Heroin | | | |
| D4 | Methadone | | | |
| D5 | Other opiates/analgesics | | | |
| D6 | Barbiturates | | | |
| D7 | Other sed/hyp/tranq. | | | |
| D8 | Cocaine | | | |
| D9 | Amphetamines | | | |
| D10 | Cannabis | | | |
| D11 | Hallucinogens | | | |
| D12 | Inhalants | | | |

D13 More than one substance per day (Incl. alcohol).

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Note: See manual for representative examples for each drug class

* Route of Administration: 1 = Oral, 2 = Nasal, 3 = Smoking, 4 = Non IV inj., 5 = IV inj.

D14 Which substance is the major problem? Please code as above or 00-No problem; 15-Alcohol & Drug (Dual addiction); 16-Polydrug; when not clear, ask patient.

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D15. How long was your last period of voluntary abstinence from this major substance? (00 - never abstinent)

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 MOS.

D16. How many months ago did this abstinence end? (00 - still abstinent)

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How many times have you:
 * D17 Had alcohol d.t.'s

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 * D18 Overdosed on drugs

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How many times in your life have you been treated for:
 * D19 Alcohol Abuse:

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 * D20 Drug Abuse:

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How many of these were detox only?
 * D21 Alcohol

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 * D22 Drug

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How much would you say you spent during the past 30 days on:
 D23 Alcohol

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 D24 Drugs

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Comments

D25 How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days (Include NA, AA).

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How many days in the past 30 have you experienced:
 D26 Alcohol Problems

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 D27 Drug Problems

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FOR QUESTIONS D28-D31 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

How troubled or bothered have you been in the past 30 days by these:
 D28 Alcohol Problems

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 D29 Drug Problems

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How important to you now is treatment for these:
 D30 Alcohol Problems

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 D31 Drug Problems

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INTERVIEWER SEVERITY RATING
 How would you rate the patient's need for treatment for:

D32 Alcohol Abuse

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 D33 Drug Abuse

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CONFIDENCE RATINGS

Is the above information significantly distorted by:
 D34 Patient's misrepresentation? 0 - No 1 - Yes

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

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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

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LEGAL STATUS

* L17 How many of these charges resulted in convictions?

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 (reckless driving, speeding, no license, etc.)

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

L22. How long was your last incarceration?
MOS.

L23. What was it for?
(Use code 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? 0 - No 1 - Yes

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

Comments

FAMILY/SOCIAL RELATIONSHIPS

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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).

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| YRS. | MOS. |
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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 these arrangements.
(If with parents or family, since age 18).

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|------|------|
| YRS. | MOS. |
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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 3 - Alone
2 - Friends

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 | <input type="checkbox"/> |
| F13. Father | <input type="checkbox"/> |
| F14. Brothers/Sisters | <input type="checkbox"/> |
| F15. Sexual Partner/Spouse | <input type="checkbox"/> |
| F16. Children | <input type="checkbox"/> |
| F17. Friends | <input type="checkbox"/> |

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 | <input type="checkbox"/> | <input type="checkbox"/> |
| F19 Father | <input type="checkbox"/> | <input type="checkbox"/> |
| F20 Brothers/Sisters | <input type="checkbox"/> | <input type="checkbox"/> |
| F21 Sexual partner/spouse | <input type="checkbox"/> | <input type="checkbox"/> |
| F22 Children | <input type="checkbox"/> | <input type="checkbox"/> |
| F23 Other significant family | <input type="checkbox"/> | <input type="checkbox"/> |
| F24 Close friends | <input type="checkbox"/> | <input type="checkbox"/> |
| F25 Neighbors | <input type="checkbox"/> | <input type="checkbox"/> |
| F26 Co-Workers | <input type="checkbox"/> | <input type="checkbox"/> |

Did any of these people (F18-F26) abuse you: 0 = No, 1 = Yes

- | | | |
|-----------------------------------------------------------|--------------------------|--------------------------|
| F27. Emotionally (make you feel bad through harsh words)? | <input type="checkbox"/> | <input type="checkbox"/> |
| F28. Physically (cause you physical harm)? | <input type="checkbox"/> | <input type="checkbox"/> |
| F29. Sexually (force sexual advances or sexual acts)? | <input type="checkbox"/> | <input type="checkbox"/> |

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

F30 with your family?

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F31 with other people? (excluding family)

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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

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F33. Social problems

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

F34. Family problems

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F35. Social problems

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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

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PSYCHIATRIC STATUS

How many times have you been treated for any psychological or emotional problems?

* P1 In a hospital

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* P2 As an Opt. or Priv. patient

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P3 Do you receive a pension for a psychiatric disability?

0 - No 1 - Yes

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

0 - No 1 - Yes

PAST 30 IN
DAYS YOUR
LIFE

| | | |
|------------------------------------------------------------------------|--|--|
| P4 Experienced serious depression | | |
| P5 Experienced serious anxiety or tension | | |
| P6 Experienced hallucinations | | |
| P7 Experienced trouble understanding, concentrating or remembering | | |
| P8 Experienced trouble controlling violent behavior | | |
| P9 Experienced serious thoughts of suicide | | |
| P10 Attempted suicide | | |
| P11 Been prescribed medication for any psychological emotional problem | | |

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

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FOR QUESTIONS P13 & P14 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

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

P14 How important to you now is treatment for these psychological problems?

THE FOLLOWING ITEMS ARE TO BE COMPLETED BY THE INTERVIEWER

At the time of the interview, is patient:

0 - No 1 - Yes

P15 Obviously depressed/withdrawn

P16 Obviously hostile

P17 Obviously anxious/nervous

P18 Having trouble with reality testing thought disorders, paranoid thinking

P19 Having trouble comprehending, concentrating, remembering.

P20 Having suicidal thoughts

Comments

INTERVIEWER SEVERITY RATING

P21 How would you rate the patient's need for psychiatric/psychological treatment?

CONFIDENCE RATINGS

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