Addiction Severity Index 5th Edition
UNODC Treatnet ASI Version 2.9

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Remember: This is an interview, not a test

INTRODUCING THE ASI:

1. All clients receive this **same standard interview**.

2. **Seven Potential problem areas** or Domains: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychiatric.

3. The interview will take about **30-40 minutes.**

4. 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

5. All information gathered is **confidential**

6. Accuracy - You have the right to refuse to answer any question, if you are uncomfortable or feel it is too personal or painful to give an answer, just tell us, "I want to skip that question." We'd rather have no answer than an inaccurate one!

7. There are **two time periods** we will discuss:
   1. The past 30 days
   2. Lifetime

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 of his/her problems). When noting comments, please write the question number. Probe and clarify!

3. X = Question not answered. Client cannot or will not answer.
4. N = Question not applicable. Must have instructions in item to use "N"

5. End the interview if client misrepresents or cannot understand after two or more sections.

6. 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.

7. Hints and clarification notes in the ASI are bulleted "•".

Probe, cross-check and make plenty of comments!

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 the fields of 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, such as selling goods in streets, doormen, cleaning, and working laborers.
0. Armed forces - Includes army, navy, air force workers, etc. Excludes non-military police, customs, inactive military reserves.

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor, grain (methyl alcohol)
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/DRUG USE 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
   3. Problematic irregular use

⇒ **A**sk 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....?"

D2. 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. Patient ID_____

G2.Country ☐☐ G2a. Center ☐☐

G2b.Program ☐☐. G2c. Modality ☐☐

See Back Page of ASI for Country, Center and Program Listings

G3. Will this treatment be delivered in a corrections facility? ☐

0=No 1= Yes

G4. Date of Admission ☐☐ / ☐☐ / ☐☐☐☐

*Day / Month / Year

G5. Date of Interview: ☐☐ / ☐☐ / ☐☐☐☐

G6 Time Begun: (Hour: Minutes) ☐☐ : ☐☐

G7. Time Ended: (Hour:Minutes) ☐☐ : ☐☐

G8. Class: 1. Intake 2. Follow-up ☐

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

G10. Gender: 1. Male 2. Female ☐

G11. Interviewer Code No./ Initials: ☐☐☐

_____
Name

_____

_____

_____

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

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

16a. Age ☐☐ Years old

G17. What race/ethnicity/nationality do you consider yourself?
Specify_____

G18. Do you have a religious preference? ☐

1. Protestant 4. Muslim 7. Hindu
2. Catholic 5. Other Christian 8. Buddhist
3. Jewish 6. None 9. Other (specify in comments)

G19. Have you been in a controlled environment in the past 30 days? ☐

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

•A place, *theoretically*, without access to drugs/alcohol.

G20. How many days? ☐☐

• If G19=No, G20= "*NN" Refers to total number of days detained in the past 30 days.*

G2c. Modality Codes:
1=Outpatient (<5 hours per week)
2=Intensive Outpatient (≥ 5 hours per week)
3=Residential/Inpatient
4=Therapeutic Community
5=Half-way house
6=Detox – Inpatient (typically 3 – 7 days)
7=Detox Outpatient/Ambulatory
8=Opioid Replacement, outpatient (Methadone, Buprenorphine, etc)
9=Other (low threshold, GP, spiritual healers, etc.)
Specify_____

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

GENERAL INFORMATION COMMENTS

(Include the question number with your notes)

Who referred you to treatment? (Provide details): _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

G18, if coded "Other", specify_____

_____

_____

_____

_____

_____

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. Has a health care provider recommended you take any medications on a regular basis for a physical problem? 0=No 1=Yes

- **Do not include various remedies given by a non-healthcare Provider .**Must be for a medical condition; **don't** include **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 financial support for a physical disability? 0 - No 1 - Yes

- ***If Yes, specify in comments.***
- Include Workers' compensation, early retirement for medical Disability. ● Exclude psychiatric disability. ***India code X***

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

- 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.).

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?

- 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.

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

M12. Have you ever been tested for hepatitis? 0 = No, 1=Yes

M12a. If Yes, what was the result?
1 = Hep Negative (not infected)
2 = Hep positive (infected)
3 = Don't Know

- If M12=No, M12a ="N"

M12b. Would you like help obtaining a Hepatitis test?

M13. Have you ever been tested for HIV? 0 = No, 1=Yes

M13a. If Yes, what was the result?
1 = HIV Negative (not infected)
2 = HIV positive (infected)
3 = Don't Know

- If M13=No, M13a = "N"

M13b. Would you like help obtaining an HIV test?

If patient is Male, code all "N" 0=No, 1=Yes, 2=Unsure

M14. Are you currently pregnant?

M14a. If pregnant; do you have prenatal care?

M14b. If unsure; would you like help obtaining a pregnancy test?

- If M14= 0 or 2 (No or Unsure), M14a = N
- If M14= 1 (Yes), M14b = N

MEDICAL COMMENTS

(Include question number with your notes)

EMPLOYMENT/SUPPORT STATUS

E1. Education completed:

- **Code Years and Months, Level # or both.**

*Level 0 = No education
* Level 1 = Primary 1-6 yrs
* Level 2 = Lower Secondary 7-9 yrs
* Level 3 = Upper Secondary 10-12 yrs
* Level 4 = Post Secondary, non-tertiary (add'l preparation for level 5)
* Level 5 = First Stage Tertiary (+4 -6 years, incl BS, MS)
* Level 6 = Second Stage Tertiary (include doctorate, etc).

Yrs. ☐☐ Mos. ☐☐

OR

Code Level # ☐

- Include formal education only.

E1a. Highest degree earned, specify_____

E2.* Training or Technical education completed: ☐☐ Months

- Formal/organized training only.

E4a. Are your job options limited by lack of transportation? ☐
0=No 1= Yes

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

- Full time = 35+ hours weekly; does not necessarily mean most recent job.

E7.* Usual (or last) occupation?
(specify) _____ ☐
(Use International Classification references page 1)

E9 Does someone contribute the majority of your support? ☐
0 - No 1 - 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.

E10. Which of these represents how you spent the majority of the past three years? ☐

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

- 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.

E11. How many days in the past 30 did you work for pay? ☐☐

- Include days actually worked, paid sick days and paid 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? * Use your local currency.

E12. Employment? ☐☐☐☐ ☐☐☐
- Net or "take home" pay, include any money earned except illegal income

E13. Unemployment Compensation ☐☐☐☐ ☐☐☐

E14. Social Welfare ☐☐☐☐ ☐☐☐
- Money given by government to assist with living expenses.

E15. Pensions, benefits, social security? ☐☐☐☐ ☐☐☐
- Include disability, pensions, retirement, & workers' compensation and veterans benefits.

E16. Mate, family, or friends? ☐☐☐☐ ☐☐☐
- Money for personal expenses. Also code unreliable sources of income, windfalls (unexpected money) money from loans, inheritance. (Record ***cash*** payments only, etc.).

E17. Illegal? ☐☐☐☐ ☐☐☐
- ***Cash*** obtained from drug dealing, stealing, selling stolen goods, Illegal gambling, prostitution, etc.

Do not count estimated cash value of drugs or other items obtained illegally

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 days? ☐☐
- 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 incarcerated or detained 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.

E20. How troubled or bothered have you been by these employment problems in the past 30 days? ☐
- If E19=N, code N

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

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)

Specify type of currency used:_____

ALCOHOL/DRUGS

Note: Route of Administration (ROA) Types:

1. Oral (anything swallowed)
2. Nasal (or any other sub- coetaneous membrane administration)
3. Smoking
4. Non-IV injection (such as IM or "skin popping"
5. IV (shooting directly into a vein).

•. 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
D1	Alcohol (any use at all, 30 days)			
D2	Alcohol - to intoxication			
D3	Heroin			
D4	Methadone			
D5	Other Opiates/Analgesics			
D6	Barbiturates			
D7	Sedatives/Hypnotics/ Tranquilizers			
D8	Cocaine			
D9	Amphetamines/Stimulants			
D10	Cannabis			
D11	Hallucinogens			
D12	Inhalants			
D13	More than 1 substance (including alcohol)			

D14a. Identify the primary substance of abuse:

D14b. Identify the secondary substance of abuse:

- Interviewer should determine the primary and secondary drugs of abuse. Code the number next to the drug in questions 01-12
- D14b can be coded N

D15. How long was your most recent period of voluntary abstinence from these major substance(s)? 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 = never abstinent.

D16. How many months ago did this abstinence end? Months

- If D15 = 00, then D16 = NN.
- Code 00 = still abstinent.

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)

Optional: Age of First Use

If D5>0, Specify

If any item D3 - D11 Route of Administration = 4 or 5 (injection)

	Past 30 days	Lifetime
D38. Have you ever used needles or works after someone else had used them?		

D38a. How many times in the past 30 days?

- If D38 past 30 days = 0, then D38a = N

D19a. How many times in your life have you been treated for Alcohol or Drug abuse? ☐☐

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

D21a. How many of these treatments were detox only: ☐☐

- If D19a = 00, then question D21a = NN
- Note: Code the number of treatments listed in D19a that consisted only of Detoxification and no other treatment.

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 ☐

D36. How many times have you tried to quit using substances without treatment? ☐☐

D23. How much would you say you spent during the past 30 days on alcohol? ☐ ☐☐☐ ☐☐☐

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

D24 How much would you say you spent during the past 30 days on drugs? ☐ ☐☐☐ ☐☐☐

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

D37. Nicotine

	Past 30 Days	Lifetime (years)	Route of Admin
1. Oral/Chew 2. Nasal 3. Smoking 4. Non-IV injection 5. IV	☐☐	☐☐	☐

D25. How many days in the past 30 have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? ☐☐

- Include days attended AA/NA, other support groups, OP detox, methadone or treatment, etc.

D39. Using the patient rating scale, how would you rate your level of agreement with the following statements?

a. I am ready to decrease my drinking. ☐

b. I am ready to decrease my drug use. ☐

c. I believe I can manage my alcohol use. ☐

d. I believe I can manage my drug use. ☐

e. I know I have a drinking or drug problem and I am motivated to work on it! ☐

D26. How many days in the past 30 have you experienced Alcohol problems? ☐☐

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

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

D28. How troubled or bothered have you been in the past 30 days by these alcohol problems? ☐

D30. How important to you now is treatment for these alcohol problems? ☐

D27. How many days in the past 30 have you experienced Drug problems? ☐☐

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

For Questions D29+D31, ask the patient to use the Patient Rating scale. The patient is rating the need for substance abuse treatment.

D29. How troubled or bothered have you been in the past 30 days by these drug problems? ☐

D31. How important to you now is treatment for these drug problems? ☐

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

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 Violations		L11* Arson	
L5 * Drug Charges		L12* Rape	
L6 * Forgery		L13* Homicide/Mansl.	
L7* Weapons Offense		L14* Prostitution/Sex Work	
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 L3-16 = 00, then question L17 = "NN".
- Do not include misdemeanor offenses from questions L18-20 below.
- Convictions include fines, probation, incarcerations, suspended sentences, guilty pleas, and plea bargaining.

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. Months

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

L25. What for?

- Use the number of the type of crime committed 03-16 and 18-20 in previous questions.
- Refers to Q. L24. If L24=No, code NN. If awaiting on more than one charge, choose most severe.

LEGAL COMMENTS
(Include question number with your notes)

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

- Include being arrested and released on the same day.

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 Employment Question E17.

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, such as divorce, etc.

L29. 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.

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)

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?
- Satisfied = generally liking the situation.
- Refers to Questions F1 & F2.

0-No 1-Indifferent 2-Yes

F4. Usual living arrangements (past 3 years):
1-With partner & children
2-With 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

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

F4a. Living arrangements past 30 days? (Use codes above)

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
(or abuses 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
- A satisfied response must indicate that the person generally likes the situation. Refers to Question F9.

F11a. How many of your close friends use drugs or 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
F18. Mother		
F19. Father		
F20. Brother/Sister		
F21. 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. If no contact code "N" If no relative (ex: no children) Code N.

FAMILY/SOCIAL COMMENTS
(Include question number with your notes)

FAMILY/SOCIAL (cont.)

Has anyone ever abused you?

	0- No Past 30 days	1-Yes In Your Life
F28. Physically? • Caused you physical harm.	☐	☐
F29. Sexually? • Forced any sexual advances/acts.	☐	☐

How many days in the past 30 have you had serious conflicts:
F30. 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:
F32. Family problems? ☐

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 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:
F31. 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:
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. ☐

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.

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 ☐

	Living with you	Living outside your home
F39. How many children do you have?	☐☐	☐☐
F39a. How many of these are under age 18	☐☐	☐☐

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 continuous visits or treatment days, not the number of visits.

P3. Do you receive financial support for a psychiatric disability? Can be from government or employer, etc. ☐
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?	☐	☐
P5. Experienced serious anxiety/tension uptight, unreasonably worried, inability to feel relaxed?	☐	☐
P6. Experienced hallucinations-saw things/ heard voices that others didn't see/hear? Code other psychotic symptoms here also.	☐	☐
P7. Experienced trouble understanding, concentrating, or remembering?	☐	☐

Note: Patient can be under the influence of alcohol/drugs for these questions.
Have you had a significant period of time (regardless of alcohol and drug use) in which you have:

	0-No 1-Yes Past 30 Days	Lifetime
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. 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.

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 troubled or bothered have you been 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? ☐

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.

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)

_____

Specify Diagnoses if known: _____

G12. Special Code - If ASI is not completed:
1. Interview terminated by interviewer
2. Patient refused to finish interview
3. Patient unable to respond (language or intellectual barrier, under the influence, etc.)

Code "N" if Interview completed.

G50. Expected treatment modality most appropriate for patient:

G50. Modality Codes:
1=Outpatient (<5 hours per week)
2=Intensive Outpatient (≥ 5 hours per week)
3=Residential/Inpatient
4=Therapeutic Community
5=Half-way house
6=Detox – Inpatient (typically 3 – 7 days)
7=Detox Outpatient/Ambulatory
8=Opioid Replacement, outpatient (Methadone, Buprenorphine, etc)
9=Other (low threshold, GP, spiritual healers, etc.)
Specify_____

OVERALL COMMENTS