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!

LIST OF COMMONLY USED DRUGS:

Alcohol: Beer, wine, liquor, grain (methyl alcohol)
Heroin: Snack, H, Horse, Brown Sugar
Methadone: Dolophine, LAAM
Opiates: Opium, Fentanyl, Buprenorphine, pain killers - Morphine, Dilauid, Demerol, Percocet, Darvon, etc.
Barbiturates: Nembutal, Seconal, Tuinal, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinal, Duriden, etc.
Sed/Hyp/Tranq: Benzodiazepines = Valium, Librium, Ativan, Serax, Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = Chloral Hydrate, Quaaludes
Cocaine: Cocaine Crystal, Free-Based Cocaine, Crack, Rock, etc.
Amphetamines/: Monster, Crank, Benzedrine, Dexedrine, Ritalin, Stimulants: 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, Ectasy, Angel Dust
Inhalants: Nitrous Oxide (Whippits), Amyl Nitrates (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
⇒ Ask 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  □= Yes

G4. Date of Admission □ □ / □ □ / □ □

G5. Date of Interview: *Day / Month / Year

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: ______________________________________________________

G12. Interviewer Name ________________________________________________

G13. General Information Comments

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

G16. Date of birth: □ □ / □ □ / □ □

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

G18. Do you have a religious preference?


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 ___________________________________________________________

GENERAL INFORMATION COMMENTS
(Include the question number with your notes)

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

G18, if coded “Other”, specify__________________________

Treatnet ASI
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?
  - 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?
  - 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?
  - 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
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)  
  OR  
  * Level 5 = First Stage Tertiary (+4 -6 years, incl BS, MS)  
  * Level 6 = Second Stage Tertiary (include doctorate, etc).  
  - Include formal education only.  

E1a. Highest degree earned, specify__________________

E2. Training or Technical education completed:  
- Formal/organized training only.  
  Months

E4a. Are your job options limited by lack of transportation?  
  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.  
  Years  Months

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)  5. Military  
  2. Part time (regular hours)  6. Retired/Disability  
  3. Part time (irregular hours)  7. Unemployed  
  4. Student  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 (cont.)

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
**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.

### Lifetime / Past 30 Days

<table>
<thead>
<tr>
<th></th>
<th>Alcohol (any use at all, 30 days)</th>
<th>Alcohol - to intoxication</th>
<th>Heroin</th>
<th>Methadone</th>
<th>Other Opiates/Analgesics</th>
<th>Barbiturates</th>
<th>Sedatives/Hypnotics/Tranquilizers</th>
<th>Cocaine</th>
<th>Amphetamines/Stimulants</th>
<th>Cannabis</th>
<th>Hallucinogens</th>
<th>Inhalants</th>
<th>More than 1 substance (including alcohol)</th>
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</table>

### Optional: Age of First Use

- Code 00 = still abstinent.

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

<table>
<thead>
<tr>
<th></th>
<th>Past 30 days</th>
<th>Lifetime</th>
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<tbody>
<tr>
<td>D38</td>
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</table>

- **D38a.** How many times in the past 30 days? [ ]

- **D38.** Have you ever used needles or works after someone else had used them? [ ]

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

### Interviewer’s Notes

**Treatnet ASI**

**ALCOHOL/DRUGS COMMENTS**

(Include question number with your notes)

_____________________________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

**Optional**: Age of First Use

______________________________________________

______________________________________________

______________________________________________

______________________________________________

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

<table>
<thead>
<tr>
<th></th>
<th>Past 30 days</th>
<th>Lifetime</th>
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<tr>
<td>D38</td>
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</table>

- **D38a.** How many times in the past 30 days? [ ]

- **D38.** Have you ever used needles or works after someone else had used them? [ ]

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

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

**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)? [ ]

- 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? [ ]

- If D15 = 00, then D16 = N.
- 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.
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.

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?

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.

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?

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?

D37. Nicotine

<table>
<thead>
<tr>
<th></th>
<th>Past 30 Days</th>
<th>Lifetime (years)</th>
<th>Route of Admin</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Oral/Chew</td>
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<tr>
<td>2. Nasal</td>
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<td>3. Smoking</td>
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<tr>
<td>4. Non-IV injection</td>
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<tr>
<td>5. IV</td>
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</table>

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!

D38. 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?

D39 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?

D40. 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.

D41. 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  | L11 | Arson  |
|    |                  | L12 | Rape  |
| L5  | Drug Charges     | L13 | Homicide/Mansl.  |
| L6  | Forgery          | L14 | Prostitution/Sex Work  |
| L7  | Weapons Offense  | L15 | Contempt of Court  |
| L8  | Burglary/Larceny/B&E | 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.

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.
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
FAMILY/SOCIAL STATUS

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  6-With friends
2-With partner alone  7-Alone
3-With children alone  8-Controlled Environment
4-With parents  9-No stable arrangement
5-With family
• 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)

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”

F11b. Neighbors
F11c. Co-workers

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

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)

Page 9
### FAMILY/SOCIAL (cont.)

<table>
<thead>
<tr>
<th>Has anyone ever abused you?</th>
<th>0- No</th>
<th>1-Yes</th>
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<tbody>
<tr>
<td>Past 30 days</td>
<td></td>
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<tr>
<td>In Your Life</td>
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<tr>
<td>F28. Physically?</td>
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<tr>
<td>• Caused you physical harm.</td>
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<td>F29. Sexually?</td>
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<tr>
<td>• Forced any sexual advances/acts.</td>
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</table>

**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

### FAMILY/SOCIAL COMMENTS

(Include question number with your notes)

---

**F39. How many children do you have?**

- Living with you
- Living outside your home

**F39a. How many of these are under age 18**
PSYCHIATRIC STATUS

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

P1. In a hospital or inpatient setting?  
   0-No  1-Yes

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:

P4. Experienced serious depression—sadness, hopelessness, loss of interest?  
   0-No  1-Yes

P5. Experienced serious anxiety/tension—upright, unreasonably worried, inability to feel relaxed?  
   0-No  1-Yes

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?  
   0-No  1-Yes

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:

P8. Experienced trouble controlling violent behavior including episodes of rage, or violence?  
   0-No  1-Yes

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?  
   0-No  1-Yes
   • 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?  
   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:

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CLOSING ITEMS

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______________________________________________________