

Appendix D

Addiction Severity Index

GENERAL INFORMATION

- G1. Client ID: _____
- G2. Social Security Number: _____
- G3. Provider Number: _____
- G4. Date of Admission: _____
- G5. Date of Interview: _____
- G6. Time Begun: _____
- G51. Who referred you for an evaluation? _____
- | | |
|----------------------------|----------------------------|
| 1 Attorney | 2 Probation/Parole Officer |
| 3 Presentence Investigator | 4 Self |
| 5 Judge or Court | 6 Other |
- G52. The referral source's name: _____
- G53. Address: _____
- _____
- _____
- Phone number: _____
- G54. Why are you receiving this assessment? (1-6) _____
- | | |
|------------------------|-------------------------|
| 1 OWI or DWI | 4 Other criminal arrest |
| 2 Court ordered | 5 Self interest |
| 3 Attorney recommended | 6 Other |
- G55. BAC: _____
- G56. By whom was it ordered (1-4)? _____
- | | |
|-------------|---------------|
| 1 Judge | 3 Presentence |
| 2 Probation | 4 Parole |
- Specify other: _____
- G8. Class: _____
- | | |
|----------|------------|
| 1 Intake | 2 Followup |
|----------|------------|
- G9. Contact code: _____
- | | |
|-------------|---------|
| 1 In person | 2 Phone |
| 3 Mail | |
- G57. Interviewer's initials: _____

Appendix D

- G10. Gender: _____
- G12. Special: _____
- | | |
|---------------------|------------------|
| 1 Terminated | 2 Refused |
| 3 Unable to respond | X Not applicable |
- Client first name: _____
- Client middle name: _____
- Client last name: _____
- Client's address: _____
- Address: _____
- Address: _____
- Phone number: _____
- G15. Is this address owned by you or your family? (Y/N): _____
- G16. Date of birth: _____
- G17. Of what race do you consider yourself? _____
- | | |
|----------------------------------|----------------------------------|
| 1 White (Not of Hispanic Origin) | 2 Black (Not of Hispanic Origin) |
| 3 American Indian | 4 Alaskan Native |
| 5 Asian or Pacific Islander | 6 Hispanic – Mexican |
| 7 Hispanic – Puerto Rican | 8 Hispanic – Cuban |
| 9 Other Hispanic | |
- G18. Religious preference: _____
- | | |
|--------------|------------|
| 1 Protestant | 2 Catholic |
| 3 Jewish | 4 Islamic |
| 5 Other | 6 None |
- G58. Specify other religion: _____
- 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? _____

MEDICAL STATUS

- M1. How many times in your life have you been hospitalized for medical problems? _____
Include ODs, DTs, exclude detox.
- M2. How long ago was your last hospitalization for a physical problem? ____ years ____ months
- M51. What was it for? _____
- M3. Do you have any chronic medical problems that continue to interfere with your life? (Y/N) ____
Specify: _____
- M4. Are you taking any prescribed medication on a regular basis for a physical problem? (Y/N) ____
- M52. What is it? _____
- M53. What is it for? _____
- M5. Do you receive financial compensation (pension, disability, etc.) for a physical disability? (Y/N) ____
Specify: _____
- M6. How many days have you experienced medical problems in the past 30 days? _____

- M7. How troubled or bothered have you been by these medical problems in the past 30 days? _____
 0 – Not at all 1 – Slightly 2 – Moderately 3 – Considerably 4 – Extremely
- M8. How important to you now is treatment for these medical problems? _____
 0 – Not at all 1 – Slightly 2 – Moderately 3 – Considerably 4 – Extremely

The questions below are to be answered by the interviewer only.

- M9. How would you rate the patient's need for medical treatment? _____
 0 – None necessary, to 9 – Treatment needed to intervene in life-threatening situation
 Is the **medical status** information significantly distorted by:
- M10. Patient's misrepresentation (Y/N)? _____
- M11. Patient's inability to understand (Y/N)? _____

EMPLOYMENT/SUPPORT STATUS

- E1. Education completed (GED = 12 years): _____ years, _____ months
- E2. Training or technical education completed: _____ months
- E3. Do you have a profession, trade, or skill? (Y/N): _____
- E4. Do you have a valid driver's license? (Y/N): _____
- E5. Do you have an automobile available? (Y/N): _____
 Answer "No" if no valid driver's license.
- E6. How long was your longest full-time job? _____ years, _____ months
- E7. Usual (or last) occupation: _____
- 1 1. a. Higher Executives
 - 2 1. b. Large Proprietors (Value over \$180,000)
 - 3 1. c. Major Professionals
 - 4 2. a. Business Managers
 - 5 2. b. Proprietors of Medium-Sized Businesses
 - 6 3. a. Administrative Personnel
 - 7 3. b. Proprietors of Small Businesses (less than \$55,000)
 - 8 3. c. Minor Professionals
 - 9 3. d. Farmers (Owners \$41,000 to \$60,000)
 - 10 4. a. Clerical and Sales Workers
 - 11 4. b. Technicians
 - 12 4. c. Proprietors of Little Business (less than \$10,000)
 - 13 4. d. Farmers (Owners \$21,000 to \$40,000)
 - 14 5. a. Skilled Manual Employees and Small Farmers
 - 15 5. b. Small Farmers (Owners less than \$20,000)
 - 16 6. a. Machine Operators and Semi-Skilled Employees
 - 17 6. b. Small Farm Tenants
 - 18 7. Unskilled Employees
- Specify: _____
- E8. Does someone contribute to your support in any way? (Y/N) _____
 Specify: _____

- E9. Does this constitute the majority of your support? (Y/N): _____
- E10. Employment status: _____
- | | |
|-------------------------------|-----------------------------|
| 1 full time (35 hrs/week) | 2 part time (reg. hrs) |
| 3 part time (irreg., daywork) | 4 student |
| 5 service | 6 retired/disability |
| 7 unemployed | 8 in controlled environment |
- E11. How many days were you paid for working in the last 30 days? _____ days
 How much money did you receive from the following sources in the past 30 days?
- E12. Employment (net income) _____
- E13. Unemployment compensation _____
- E14. Welfare _____
- E15. Pension, benefits, or social security _____
- E16. Mate, family, or friends _____
- E17. Illegal _____
- E51. What was your gross income last year? _____
- E18. How many people depend on your for the majority of their food, shelter, etc.? _____
- E19. How many days have you experienced employment problems in the past 30 days? _____
- E20. How troubled or bothered have you been by these employment problems in the past 30 days?

- 0 - Not at all 1 - Slightly 2 - Moderately 3 - Considerably 4 - Extremely
- E21. How important to you now is counseling for these employment problems? _____
- 0 - Not at all 1 - Slightly 2 - Moderately 3 - Considerably 4 - Extremely

The questions below are to be answered by the interviewer only.

- E22. How would you rate the patient's need for employment counseling? _____
 0 - None necessary, to 9 - Treatment needed to intervene in life-threatening situation
 Is the **employment/support status** information significantly distorted by:
- E23. Patient's misrepresentation (Y/N)? _____
- E24. Patient's inability to understand (Y/N)? _____

DRUG/ALCOHOL USE

- D51. At what age did you first try alcohol or drugs? _____
- D52. What was it? _____

	Past 30 Days	Lifetime Yrs.	Route of Administration	
D1. Alcohol—any use at all	_____	_____	_____	
D2. Alcohol—to intoxication	_____	_____	_____	Route of
D3. Heroin	_____	_____	_____	Administration:
D4. Methadone	_____	_____	_____	1 - Oral
D5. Other opiates and analgesics	_____	_____	_____	2 - Nasal
D6. Barbiturates	_____	_____	_____	3 - Smoking
D7. Other sed/hyp/tranq	_____	_____	_____	4 - Non IV injection

- D8. Cocaine _____ 5 – IV injection
- D9. Amphetamines _____
- D10. Cannabis _____
- D11. Hallucinogens _____
- D12. Inhalants _____
- D13. More than one per day _____
(including alcohol)
- D53. Have you ever used a needle to administer any of these drugs? (Y/N) _____
- D54. Are you an I.V. drug user? (Y/N) _____
- D14. According to the interviewer, which substance(s) are the major problem (0–16)? _____
- | | |
|----------------------------|----------------------------------|
| 00—No problem | 08—Cocaine |
| 01—Alcohol any use | 09—Amphetamines |
| 02—Alcohol to intoxication | 10—Cannabis |
| 03—Heroin | 11—Hallucinogens |
| 04—Methadone | 12—Inhalants |
| 05—Opiates/analgesics | 13—Alcohol and one or more drugs |
| 06—Barbiturates | 14—More than one drug |
| 07—Other sed/hyp/tranq | |
- D15. How long was your last period of voluntary abstinence from this major substance (substance identified in D14)? _____ months, 00—never abstinent
- D16. How many months ago did this abstinence end? _____ months, 00—still abstinent
How many times have you:
- D17. Had alcohol DTs? _____
- D18. Overdosed on drugs? _____
How many times in your life have you been treated for:
- D19. Alcohol abuse? _____
- D20. Drug abuse? _____
How many of these were for detox only?
- D21. Alcohol? _____
- D22. Drug? _____
- D55. How long ago were you last in treatment? _____ years, _____ months
- D56. Name of center: _____
- D57. Address: _____
- D58. Type of treatment: _____ 1—Inpatient, 2—Outpatient
- D59. How long did it last? _____ days
- D60. Did you complete it successfully? (Y/N) _____
- D61. Have you been evaluated for alcohol or drugs before today? (Y/N) _____
- D62. Where? _____
When? _____
- How much money would you say you spent during the past 30 days on:
- D23. Alcohol? _____
Drugs? _____
- D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days (include NA, AA)? _____ days

Appendix D

- D26. Alcohol problems? _____
 D27. Drug problem? _____
 How troubled or bothered have you been in the past 30 days by these:
 0 – Not at all 1 – Slightly 2 – Moderately 3 – Considerably 4 – Extremely
 D28. Alcohol problems? _____
 D29. Drug problems? _____
 How important to you now is treatment for these:
 0 – Not at all 1 – Slightly 2 – Moderately 3 – Considerably 4 – Extremely
 D30. Alcohol problems? _____
 D31. Drug problems? _____

The questions below are to be answered by the interviewer only.

- How would you rate the patient’s need for treatment for
 0 – None necessary, to 9 – Treatment needed to intervene in life-threatening situation
 D32. Alcohol problems? _____
 D33. Drug problems? _____
 Is the **drug/alcohol status** information significantly distorted by:
 D34. Patient’s misrepresentation (Y/N)? _____
 D35. Patient’s inability to understand (Y/N)? _____

LEGAL STATUS

- L1. Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.)? (Y/N) _____
 L2. Are you on probation or parole? _____ 0 – Neither 1 – Probation 2 – Parole
 How many times in your life have you been arrested and charged with the following:
- | | Under the influence
at the time (Y/N) | |
|---|--|-------|
| L3. Shoplifting/vandalism/theft? | _____ | _____ |
| 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/sex-related crimes? | _____ | _____ |
| L13. Homicide, manslaughter? | _____ | _____ |
| L14. Prostitution? | _____ | _____ |
| L15. Contempt of court? | _____ | _____ |
| L16. Other? | _____ | _____ |
| 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? _____
- L51. MIP (minor in possession)? _____
- L21. How many months were you incarcerated in your life? _____ months
- L22. How long was your last incarceration? _____ months
- L23. What was it for? _____
- | | |
|----------------------------------|-----------------------------------|
| 03 – Shoplifting/vandalism/theft | 12 – Rape/sex-related crimes |
| 04 – Parole/probation violation | 13 – Homicide/manslaughter |
| 05 – Drug charges | 14 – Prostitution |
| 06 – Forgery | 15 – Contempt of court |
| 07 – Weapons offense | 16 – Other |
| 08 – Burglary, larceny, B&E | 18 – Disorderly conduct, vagrancy |
| 09 – Robbery | 19 – Driving while intoxicated |
| 10 – Assault | 20 – Major driving violations |
| 11 – Arson | |
- L24. Are you presently awaiting charges, trial, or sentencing? (Y/N) _____
- L25. For what? _____
- L26. How many days in the past 30 days were you detained or incarcerated? _____ days
- L27. How many days in the past 30 days have you engaged in illegal activities for profit? _____ days
- L28. How serious do you feel your present legal problems are (exclude civil problems)? _____
 0 – Not at all 1 – Slightly 2 – Moderately 3 – Considerably 4 – Extremely
- L29. How important to you now is counseling or referral for these legal problems? _____
 0 – Not at all 1 – Slightly 2 – Moderately 3 – Considerably 4 – Extremely

The questions below are to be answered by the interviewer only.

- L30. How would you rate the patient's need for legal services or counseling? _____
 0 – None necessary, to 9 – Treatment needed to intervene in life-threatening situation
 Is the **legal status** information significantly distorted by:
- L31. Patient's misrepresentation (Y/N)? _____
- L32. Patient's inability to understand (Y/N)? _____

FAMILY HISTORY

Have any of your relatives had what you would call a significant drinking, drug use, or psychological problem—one that did or should have led to treatment?

- Y – Yes N – No X – Not applicable Z – Not answered
- | Mother's side: | Alcohol | Drug | Psych |
|-----------------|---------|-------|-------|
| H1. Grandmother | _____ | _____ | _____ |
| H2. Grandfather | _____ | _____ | _____ |
| H3. Mother | _____ | _____ | _____ |

- F8. Uses nonprescribed drugs (Y/N)? _____
- F9. With whom do you spend most of your free time? _____
 1 – Family 2 – Friends 3 – Alone
- F10. Are you satisfied spending your free time this way? _____ 0 – No 1 – Indifferent 2 – Yes
- F11. How many close friends do you have? _____
 Would you say you have had close, reciprocal relationships with any of the following people in your life? Y – Yes N – No X – Not applicable Z – Not answered
- F12. Mother _____
- F13. Father _____
- F14. Brothers/Sisters _____
- F15. Sexual Partner/Spouse _____
- F16. Children _____
- F17. Friends _____

Have you had significant periods in which you have experienced serious problems getting along with: Y – Yes N – No X – Not applicable Z – Not answered

	Past 30 Days	In Your Life	Affected by Alcohol or Drugs
F18. Mother	_____	_____	_____
F19. Father	_____	_____	_____
F20. Brothers/Sisters	_____	_____	_____
F21. Sexual Partner/Spouse	_____	_____	_____
F22. Children	_____	_____	_____
F23. *Other significant family	_____	_____	_____
F24. Close friends	_____	_____	_____
F25. Neighbors	_____	_____	_____
F26. Coworkers	_____	_____	_____
F23. *Specify other relative: _____			

Did any of these people abuse you:

- | | | |
|---------------------|---------------------|---|
| 00 – None | 21 – Sexual partner | 25 – Neighbors |
| 18 – Mother | 22 – Children | 26 – Coworkers |
| 19 – Father | 23 – Other family | 27 – Yes-does not know who or chooses
not to identify person |
| 10 – Brother/sister | 24 – Close friends | |

- | | Past 30 days | In your life |
|---|--------------|--------------|
| F27. Emotionally (make you feel bad through harsh words)? | _____ | _____ |
| F28. Physically (cause you physical harm)? | _____ | _____ |
| F29. Sexually (force sexual advances or sexual acts)? | _____ | _____ |
| How many days in the past 30 days have you had serious conflicts: | | |
| F30. With your family? _____ days | | |
| F31. With other people (excluding family)? _____ days | | |
| How troubled or bothered have you been in the past 30 days by these conflicts:
0 – Not at all 1 – Slightly 2 – Moderately 3 – Considerably 4 – Extremely | | |
| F32. Family problems? _____ | | |
| F33. Social problems? _____ | | |

How important to you now is treatment or counseling for these problems?
 0 – Not at all 1 – Slightly 2 – Moderately 3 – Considerably 4 – Extremely

- F34. Family problems? _____
 F35. Social problems? _____

The questions below are to be answered by the interviewer only.

- L30. How would you rate the patient's need for family and/or social counseling? _____
 0 – None necessary, to 9 – Treatment needed to intervene in life-threatening situation
 Is the **family/social relationships** information significantly distorted by:
 L31. Patient's misrepresentation (Y/N)? _____
 L32. Patient's inability to understand (Y/N)? _____

PSYCHIATRIC STATUS

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

- P1. In a hospital or inpatient setting? _____
 P1. As an outpatient or private patient? _____
 P2. Do you receive financial compensation for a psychiatric or emotional disability (include pension, SSI, SSDI, etc.) (Y/N)? _____

Have you had a significant period (that was not a direct result of drug/alcohol use) in which you have: Y – Yes N – No X – Not applicable Z – Not answered

- | | Past 30 days | In your life |
|--|--------------|--------------|
| P3. Experienced serious depression—sadness, hopelessness, loss of interest, difficulty with daily functioning? | _____ | _____ |
| P4. Experienced serious anxiety/tension—uptight, unreasonably worried, unable to feel relaxed? | _____ | _____ |
| P5. Experienced hallucinations—saw things or heard voices that others did not see or hear? | _____ | _____ |
| P6. Experienced trouble understanding, concentrating, or remembering? | _____ | _____ |
| P7. Experienced trouble controlling violent behavior including episodes of rage or violence? | _____ | _____ |
| P8. Experienced serious thoughts of suicide? | _____ | _____ |
| P9. Attempted suicide? | _____ | _____ |
| P10. Been prescribed medication for any psychological or emotional problems? | _____ | _____ |

Note: for questions P7 through P9, include incidents that occurred when the person was under the influence of substances.

- P11. How many days in the past 30 days have you experienced these psychological or emotional problems? _____ days
 P12. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days? _____
 0 – Not at all 1 – Slightly 2 – Moderately 3 – Considerably 4 – Extremely

P13. How important is it to you now is treatment for these psychological or emotional problems?
___ 0 – Not at all 1 – Slightly 2 – Moderately 3 – Considerably 4 – Extremely

The questions below are to be answered by the interviewer only.

At the time of the interview, is the patient: Y – Yes, N – No

P14. Obviously depressed/withdrawn? _____

P15. Obviously hostile? _____

P16. Obviously anxious/nervous? _____

P17. Having trouble with reality testing, thought disorders, paranoid thinking? _____

P18. Having trouble comprehending, concentrating, remembering? _____

P19. Having suicidal thought? _____

P20. How would you rate the patient’s need for psychiatric/psychological treatment? _____

0 – None necessary, to 9 – Treatment needed to intervene in life-threatening situation

Is the **psychiatric status** information significantly distorted by:

P21. Patient’s misrepresentation (Y/N)? _____

P22. Patient’s inability to understand (Y/N)? _____

P22. Time begun: _____

P22. Time ended: _____

**INTERVIEWER’S ASSESSMENT
DIAGNOSTIC IMPRESSION**

Interviewer’s Assessment Comments _____ SASSI-3

RAP? _____

FVA? _____

FVOD? _____

SYM? _____

OAT? _____

SAT? _____

DEF? _____

SAM? _____

FAM? _____

COR? _____

DSM-IV

AXIS I: _____

Description: _____

AXIS II: _____

Description: _____

Appendix D

AXIS III: _____

AXIS IV: _____

AXIS V: _____

RECOMMENDATIONS FOR TREATMENT

Recommendation for Treatment: _____

Level of Care Recommendation: _____