{Module Name} Module

Addiction Severity Index - 5th Edition

Clinical/Training Version

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Remember: This is an interview, not a test

≈Item numbers circled are to be asked at follow-up.≈
≈Items with an asterisk * are cumulative and should be rephrased at

INTRODUCING THE ASI: Introduce and explain the seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychiatric. All clients receive this same standard interview. All information gathered is confidential; explain what that means in your facility; who has access to the information and the process for the release of information.
There are two time periods we will discuss:

1. The past 30 days
2. Lifetime

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
Inform the client that he/she has the right to refuse to answer any question. If the client is uncomfortable or feels it is too personal or painful to give an answer, instruct the client not to answer. Explain the benefits and advantages of answering as many questions as possible in terms of developing a comprehensive and effective treatment plan to help them.

Please try not give inaccurate information!

INTERVIEWER INSTRUCTIONS:

1. Leave no blanks.
2. Make plenty of Comments (if another person reads this ASI, they should have a relatively complete picture of the client's perceptions of his/her problems).
3. -9 = Question not answered.
   -8 = Question not applicable.
4. Terminate interview if client misrepresents two or more sections.
5. When noting comments, please write the question number.

HALF TIME RULE: If a question asks the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.

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

Probe, cross-check and make plenty of comments!

HOLLINGSHEAD CATEGORIES:

1. Higher execs, major professionals, owners of large businesses.
2. Business managers if medium sized businesses, lesser professions, i.e., nurses, opticians, pharmacists, social workers, teachers.
3. Administrative personnel, managers, minor professionals, owners/ proprietors of small businesses, i.e., bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent.
4. Clerical and sales, technicians, small businesses (bank teller, bookkeeper, clerk, draftsperson, timekeeper, secretary).
5. Skilled manual - usually having had training (baker, barber, brakeperson, chef, electrician, fireman, machinist, mechanic, paperhanger, painter, repairperson, tailor, welder, police, plumber).
6. Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator).
7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter, including unemployed).

LIST OF COMMONLY USED DRUGS:

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

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

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

{Module Name} Module

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Clinical/Training Version

Agency Name: _____ **Site Name:** _____

ID #: __ __ __ __ __ __ **Date:** __ __ / __ __ / __ __ __ __

GENERAL INFORMATION

G1. ID Number _____

G4. Date of Admission __ __ /__ __ /__ __ __ __
mm/dd/yyyy

G5. Date of Interview __ __ /__ __ /__ __ __ __
mm/dd/yyyy

G6. Time Begun __ __ : __ __
Use 24 hr clock; code hours:minutes

G7. Time Ended __ __ : __ __
Use 24 hr clock; code hours:minutes HRS MINS

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

G99. Treatment Episode Number __ __

G11. Interviewer Code Number __ __ __

G12. Special __
1 - Patient terminated
2 - Patient refused
3 - Patient unable to respond

G14. How long have you lived at your current address? __ __ / __ __
YRS MOS

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

G16. Date of birth __ __ /__ __ /__ __ __ __
mm/dd/yyyy

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

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

G19. Have you been in a controlled environment in the past 30 days? __
1 - No
2 - Jail/prison
3 - Alcohol or drug tx
4 - Medical tx
5 - Psychiatric tx
6 - Other
*A place, **theoretically**, without access to drugs/alcohol.*

G20. How many days? __ __
If G19 is No, code -8.
Refers to total number of days detained in the past 30 days.

GENERAL INFORMATION COMMENTS

(Include the question number with your notes)

_____
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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.*

M2. **How long ago was your last hospitalization for a physical problem?** ___ ___ / ___ ___ (YRS / MOS)

If no hospitalizations in Question M1, then code -8 / -8.

M3. **Do you have any chronic medical problems which continue to interfere with your life?** ___

0 - No 1 - Yes

If Yes, specify in comments.
A chronic medical condition is a serious physical condition that requires regular care (i.e., medication, dietary restriction) preventing full advantage of their abilities.

M4. **Are you taking any prescribed medication on a regular basis for a physical problem?** ___

0 - No 1 - Yes

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

M5. **Do you receive a pension for a physical disability?** ___

0 - No 1 - Yes

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

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

Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.).

For Questions M7 & M8, ask 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 in 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.*

INTERVIEWER SEVERITY RATING

M9. **How would you rate the patient's need for medical treatment?** ___

*Refers to the patient's need for **additional** medical treatment.*

CONFIDENCE RATINGS

Is the above information significantly distorted by:

M10. **Patient's misrepresentation?** ___

0 - No 1 - Yes

M11. **Patient's inability to understand?** ___

0 - No 1 - Yes

MEDICAL COMMENTS

(Include the question number with your notes)

EMPLOYMENT/SUPPORT STATUS

E1. * **Education completed** ___ ___ / ___ ___ (YRS / MOS)
GED = 12 years, note in comments.
Include formal education only.

E2. * **Training or technical education completed** ___ ___ (MOS)
Formal, organized training only. For military training, only include training that can be used in civilian life (i.e., electronics, computers).

E3. **Do you have a profession, trade, or skill?** ___
0 - No 1 - Yes
Employable, transferable skill acquired through training.
If Yes, specify: _____

E4. **Do you have a valid driver's license?** ___
0 - No 1 - Yes
Valid license; not suspended/revoked.

E5. **Do you have an automobile available for use?** ___
0 - No 1 - Yes
If answer to E4 is No, then E5 ***must*** *be No.*
Does not require ownership, only requires availability on a regular basis.

E6. **How long was your longest full-time job?** ___ ___ / ___ ___ (YRS / MOS)
Full-time = 35+ hours weekly; does not necessarily mean most recent job.

E7. * **Usual (or last) occupation** ___
Specify _____
Use Hollingshead Categories Reference Sheet

E8. **Does someone contribute to your support in any way?** ___
0 - No 1 - Yes
Is patient receiving any regular support (i.e., cash, food, housing) from family/ friend. Include spouse's contribution; exclude support by an institution.

E9. **Does this support constitute the majority of your support?** ___
0 - No 1 - Yes
If E8 is No, then E9 is -8.

E10. **Usual employment pattern, past 3 years?** ___

1 - Full time (35+ hours)	5 - Military service
2 - Part time (regular hours)	6 - Retired/disability
3 - Part time (irregular hours)	7 - Unemployed
4 - Student	8 - In controlled environment

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

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

EMPLOYMENT/SUPPORT COMMENTS
(Include the question number with your notes)

EMPLOYMENT/SUPPORT STATUS (cont)

For questions E12-E17:
How much money did you receive from the following sources in the past 30 days?

E12. Employment $___ ___,___ ___ ___
Net or "take home" pay, include any "under the table" money.

E13. Unemployment compensation $___ ___,___ ___ ___

E14. Welfare $___ ___,___ ___ ___
Include food stamps, transportation money provided by an agency to go to and from treatment.

E15. Pension, benefits or social security $___ ___,___ ___ ___
Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation.

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

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

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

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

For Questions E20 & E21, ask patient to use the Patient Rating Scale

E20. How troubled or bothered have you been by these employment problems in the past 30 days? ___
If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems. In that case, code -8.

E21. How important to you now is counseling for these employment problems? ___
Stress help in finding or preparing a job, not giving them a job.

INTERVIEWER SEVERITY RATING

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

CONFIDENCE RATINGS

Is the above information significantly distorted by:

E23. Client's misrepresentation? ___
0 - No 1 - Yes

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

EMPLOYMENT/SUPPORT COMMENTS
(Include the question number with your notes)

ALCOHOL/DRUGS

Route of Administration Types:
1 - Oral 2 - Nasal 3 - Smoking 4 - Non-IV injection 5 - IV

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

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

D14. According to the interviewer, which substance is/are the major problem? ___ ___
Interviewer should determine the major drug or drugs of abuse.
Code the number next to the drug in questions D1-D12, or:
00 = no problem
15 = alcohol & one or more drugs
16 = more than one drugs but no alcohol.
Ask patient when not clear.

D15. How long was your last period of voluntary abstinence from this major substance? ___ ___ MOS
*Last attempt of at least one month, not necessarily the longest. Periods of hospitalization/incarceration **do not count**. Periods of antabuse, methadone, or naltrexone use during abstinence **do count**.*
00 = never abstinent

D16. How many months ago did this abstinence end? ___ ___ MOS
If D15 = 0, then D16 = -8, 00 = Still abstinent

ALCOHOL/DRUGS COMMENTS
(Include the question number with your notes)

ALCOHOL/DRUGS (cont)

D17.* **How many times have you had Alcohol D.T.'s?** ___ ___
Delirium Tremems (DTs): *Occur 24-48 hours after last drink, or significant decrease in alcohol intake, shaking, severe disorientation, fever, hallucinations, they usually require medical attention.*

D18.* **How many times have you overdosed on drugs?** ___ ___
Overdoses (OD): *Require requires intervention by someone to recover, not simply sleeping it off, include suicide attempts by OD.*

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

D19.* **Alcohol abuse?** ___ ___

D20.* **Drug abuse?** ___ ___

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

How many of these were detox only?

D21.* **Alcohol?** ___ ___
If D19 = 0, then D21 = -8

D22.* **Drugs?** ___ ___
If D20 = 0, then D22 = -8

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

D23. **Alcohol?** $___ ___,___ ___ ___

D24. **Drugs?** $___ ___,___ ___ ___

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

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

How many days in the past 30 have you experienced:

D26. **Alcohol problems?** ___ ___

D27. **Drug problems?** ___ ___

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

For Questions D28 - D31, ask patient to use the Patient Rating Scale

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

D28. **Alcohol problems** ___

D29. **Drug problems** ___

How important to you now is treatment for these:

D30. **Alcohol problems** ___

D31. **Drug problems** ___

INTERVIEWER SEVERITY RATING

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

D32. **Alcohol problems** ___

D33. **Drug problems** ___

CONFIDENCE RATINGS

Is the above information significantly distorted by:

D34. **Client's misrepresentation?** ___
0 - No 1 - Yes

D35. **Client's inability to understand?** ___
0 - No 1 - Yes

ALCOHOL/DRUG COMMENTS
(Include the question number with your notes)

LEGAL STATUS

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

L2. Are you on probation or parole? ___
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.*	**Shoplifting/Vandalism**	___ ___
L4.*	**Parole/Probation Violations**	___ ___
L5.*	**Drug Charges**	___ ___
L6.*	**Forgery**	___ ___
L7.*	**Weapons Offense**	___ ___
L8.*	**Burglary/Larceny/Breaking & Entering**	___ ___
L9.*	**Robbery**	___ ___
L10.*	**Assault**	___ ___
L11.*	**Arson**	___ ___
L12.*	**Rape**	___ ___
L13.*	**Homicide/Manslaughter**	___ ___
L14.*	**Prostitution**	___ ___
L15.*	**Contempt of Court**	___ ___
L16.*	**Other:** _____	___ ___

Include total number of counts, not just convictions.
Do not include juvenile (pre-age 18) crimes, unless they were tried as an adult.
Include formal charges only.

L17.* How many of these charges resulted in convictions? ___ ___
If L3-16 = 00, then Question L17 = -8.
Do not include misdemeanor offenses from questions L18-20 below.
Convictions include fines, probation, incarcerations, suspended sentences, guilty please, 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? ___ ___ MOS
If incarcerated 2 weeks or more, round this up to 1 month.
List total number of months incarcerated.

L22. How long was your last incarceration? ___ ___ MOS
Of 2 weeks or more. Code -8 if never incarcerated.

L23. What was it for? ___ ___
Use codes 03–16, 18–20
If multiple charges, code most severe.Code -8 if never incarcerated.

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

L25. What for? ___ ___
Refers to Question L24. Use the number of the type of crime committed: 03-16 and 18-20. If multiple charges, code most severe.

LEGAL COMMENTS
(Include the question number with your notes)

LEGAL STATUS (cont)

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 E17 under Employment section.

For Questions L28 & L29, ask patient to use the Patient Rating Scale

L28. **How serious do you feel your present legal problems are?** ___
Exclude civil problems.

L29. **How important to you now is counseling or referral for these legal problems?** ___
*Patient is rating a need for **additional** referral to legal counsel for defense against criminal charges.*

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. **Client's misrepresentation?** ___
0 - No 1 - Yes

L32. **Client's inability to understand?** ___
0 - No 1 - Yes

LEGAL COMMENTS
(Include the question number with your notes)

FAMILY HISTORY

Have any of your blood-related relatives had what you would call a significant drinking, drug use or psychiatric problem? Specifically, was there a problem that did or should have led to treatment?

0 - Clearly NO for all relatives in the category

1 - Clearly YES for any relative within category

-9 - Uncertain or don't know

-8 - Never was a relative

In cases where there is more than one person for a category, record the occurrence of problems for *any* in that group. Accept the patient's judgment on these questions.

Mother's Side		Alc	Drug	Psych
H1.	Grandmother	___	___	___
H2.	Grandfather	___	___	___
H3.	Mother	___	___	___
H4.	Aunt	___	___	___
H5.	Uncle	___	___	___

Father's Side		Alc	Drug	Psych
H6.	Grandmother	___	___	___
H7.	Grandfather	___	___	___
H8.	Father	___	___	___
H9.	Aunt	___	___	___
H10.	Uncle	___	___	___

Siblings		Alc	Drug	Psych
H11.	Brother	___	___	___
H12.	Sister	___	___	___

FAMILY HISTORY COMMENTS

(Include the question number with your notes)

_____

_____

_____

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_____

FAMILY/SOCIAL RELATIONSHIPS

F1. **Marital Status** ___

1 - Married
2 - Remarried
3 - Widowed
4 - Separated
5 - Divorced
6 - Never married

Common-law marriage = 1. Specify in comments.

F2. **How long have you been in this marital status?** __ __ / __ __ (YRS / MOS)

Refers to F1. If never married, then since age 18.

F3. **Are you satisfied with this situation?** ___

0 - No 1 - Indifferent 2 - Yes

Satisfied=client generally liking the situation.
Refers to F1 and F2.

F4.* **Usual living arrangements (past 3 years)** ___

1 - With sexual partner & children
2 - With sexual partner alone
3 - With children alone
4 - With parents
5 - With family
6 - With friends
7 - Alone
8 - Controlled environment
9 - No stable arrangement

Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangement.

F5. **How long have you lived in these arrangements?** __ __ / __ __ (YRS / MOS)

If with parents or family, since age 18.
Code years and months living in arrangements from F4.

F6. **Are you satisfied with these arrangements?** ___

0 - No 1 - Indifferent 2 - Yes

Do you live with anyone who:

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

F8. **Uses non-prescribed drugs?** 0 - No 1 - Yes ___

Or abuses prescribed drugs

F9. **With whom do you spend most of your free time?** ___

1 - Family 2 - Friends 3 - Alone

If a girlfriend/boyfriend is considered as family by patient, then they must refer to them as family throughout this section, not a friend.

F10. **Are you satisfied with spending your free time this way?** ___

0 - No 1 - Indifferent 2 - Yes

A satisfied response must indicate that the person generally likes the situation.
Refers to F9.

F11. **How many close friends do you have?** ___

*Stress that you mean **close**.*
Exclude family members.
These are "reciprocal" relationships or mutually supportive relationships.

Would you say you have had a close reciprocal relationship with any of the following people:

F12. **Mother** ___

F13. **Father** ___

F14. **Brothers/Sisters** ___

F15. **Sexual Partner/Spouse** ___

F16. **Children** ___

F17. **Friends** ___

0 - Clearly NO for all in class
1 - Clearly YES for any in class
-9 - Uncertain or "I don't know"
-8 - Never was a relative

By reciprocal, you mean "that you would do anything you could to help them out and vice versa."

FAMILY/SOCIAL COMMENTS

(Include the question number with your notes)

FAMILY/SOCIAL RELATIONSHIPS (cont)

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.	**Brothers/Sisters**	___	___
F21.	**Sexual Partner/Spouse**	___	___
F22.	**Children**	___	___
F23.	**Other significant family** *Specify:* _____	___	___
F24.	**Close Friends**	___	___
F25.	**Neighbors**	___	___
F26.	**Co-Workers**	___	___

"Serious problems" mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in person. If no contact, code -8.

Has anyone ever abused you?

0 - No 1 - Yes

		Past 30 Days	In Your Life
F27.	**Emotionally?** *Make you feel bad through harsh words*	___	___
F28.	**Physically?** *Caused you physical harm*	___	___
F29.	**Sexually?** *Force sexual advances/acts*	___	___

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

F30.	**With your family?**	___ ___
F31.	**With other people?** *(excluding family)*	___ ___

For Questions F32 - F35, ask patient to use the Patient Rating Scale

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

F32.	**Family problems**	___
F33.	**Social 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.*	___
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.*	___

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.	**Client's misrepresentation?** 0 - No 1 - Yes	___
F38.	**Client's inability to understand?** 0 - No 1 - Yes	___

FAMILY/SOCIAL COMMENTS

(Include the question number with your notes)

PSYCHIATRIC STATUS

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

P1. * **In a hospital or inpatient setting?** ___ ___

P2. * **Outpatient/private patient?** ___ ___

Do not include substance abuse, employment, or family counseling. Treatment episode = a series of more or less continuous visits or treatment days, not the number of visits or treatment days.
Enter diagnosis in comments if known.

P3. **Do you receive a pension for a psychiatric disability?**
0 - No 1 - Yes ___

Have you had a significant period of time (that was not a direct result of drug/alcohol use) in which you have:
0 - No 1 - Yes

		Past 30 Days	In Your Life
P4.	**Experienced serious depression** Sadness, hopelessness, loss of interest, difficulty with daily functioning	___	___
P5.	**Experienced serious anxiety or tension** Uptight, unreasonably worried, inability to feel relaxed	___	___
P6.	**Experienced hallucinations** Saw things/heard voices that others didn't see/hear	___	___
P7.	**Experienced trouble understanding, concentrating or remembering**	___	___
P8.	**Experienced trouble controlling violent behavior including episodes or rage or violence** *Patient can be under the influence of alcohol/drugs.*	___	___
P9.	**Experienced serious thoughts of suicide** *Patient seriously considered a plan for taking his/her life. Patient can be under the influence of alcohol/drugs.*	___	___
P10.	**Attempted suicide** *Include actual suicidal gestures or attempts. Patient can be under the influence of alcohol / drugs.*	___	___
P11.	**Been prescribed medication for any psychological or emotional problems** *Prescribed for the patient by a physician. Record "Yes" if a medication was prescribed even if the patient is not taking it.*	___	___

P12. **How many days in the past 30 have you experienced these psychological or emotional problems?** ___ ___
Refers to problems noted in Questions P4-P10.

For Questions P13 & P14, ask the patient to use the Patient Rating Scale

P13. **How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?** ___
Patient should be rating the problem days from Question P12.

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

PSYCHIATRIC STATUS COMMENTS
(Include the question number with your notes)

PSYCHIATRIC STATUS (cont)

The following items are to be completed by the interviewer:

At the time of the interview, the patient was: 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** ___

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. **Client's misrepresentation?** ___
0 - No 1 - Yes

P23. **Client's inability to understand?** ___
0 - No 1 - Yes

PSYCHIATRIC STATUS COMMENTS
(Include the question number with your notes)

Problems	SEVERITY PROFILE									
	0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
MEDICAL										
EMPL/SUP										
ALCOHOL										
DRUG										
LEGAL										
FAM/SOC										
PSYCH										