



21846

ASI

PID# [ ][ ][ ][ ][ ][ ]

Site: 2 1 0 0 0 2 . 0 1

Interviewer: [ ][ ]

Date [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

RPN# \* \* \* \* \*

SECTION A: DRUG AND ALCOHOL

I'm now going to ask you a few questions about your alcohol and drug use. Remember that all your answers are confidential. (explain confidentiality) For each substance, ask A, B, and C Use Drug List.

- A. In the past 30 days, how many days you used...Code 00 if no use of that substance in the past 30 days (do not count drugs that are prescribed by a physician)
B. Over your lifetime how many years have you used...Code 00 if no lifetime use of that substance (to calculate lifetime use, subtract age of first regular use from age of last use - DO NOT subtract any years abstinent from this total. One year of regular use under "Lifetime use" is defined as one to two times per week over a 30-day period for 6 months or more (ex. Drinking alcohol every Friday and Saturday during the month would be a pattern of regular use.))
C. Was there a period during "X" number of years that you didn't use for a year or more? Code 88 = not applicable if subject has no lifetime use of this substance. (Record the years abstinent within 1st use anchors where appropriate.)
D. Do you usually eat or drink, snort of sniff, or shoot this substance? (if subject uses the substance more than one way, ask "How do you usually/prefer to use this substance?")

Table with columns: A (Days used in past 30), B (Lifetime use years), C (Number of years abstinent), D (Usual Route: oral, nasal, smoke, non-IV inject, IV inject). Rows include Alcohol, Heroin, Methadone, Opiates/analgesics, Barbiturates, Sedatives/hypnotics, Cocaine/crack.



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		A Days used in past 30	B Lifetime use years (6-12 month = 1yr	C Number of years abstinent	Time anchors/comments	D Usual Route				
						oral	nasal	smoke	non-IV inject	IV inject
9. <b>Amphetamines</b> (bennies, speed, uppers, crank, crystal, monster)	<input type="radio"/> NA <input type="radio"/> missing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>				
10. <b>Marijuana</b> (pot, reefer, hashish, blunt)	<input type="radio"/> NA <input type="radio"/> missing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>				
11. <b>Hallucinogens</b> (LSD,PCP,Ecstasy)	<input type="radio"/> NA <input type="radio"/> missing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>				
12. <b>Inhalants</b> (glue, paint, poppers)	<input type="radio"/> NA <input type="radio"/> missing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>				

13. On how many days have you used more than one substance per day, including alcohol: (Never used more than one substance per day = 00)

A. Over the past 30 days  # of days missing = 99

B. Over your lifetime  # years  # months

14. INTERVIEWER: Which substance do you think is the major problem?

**If patient is not currently using or has not been using recently, code as "No problem". If 2 drugs are equally the biggest problem (ex. Speedball), code as "polydrug". If you cannot determine which is the major problem, ask patient: "Which substance is your biggest problem?"**

- No problem (Go to Q17)
- Alcohol
- Heroin
- Methadone
- Other opiates/analgesics
- Barbiturates
- Other sedatives/hypnotics
- Cocaine
- Amphetamines
- Cannabis
- Hallucinogens
- Inhalants
- Alcohol & drug (dual addiction)
- Polydrug
- Missing

15. How long was your last period of voluntary abstinence from this major substance?

**Abstinence should be at least one month to be coded (25 to 31 days = one month). Periods of hospitalization or incarceration are not counted. Periods of abstinence during which the patient was taking methadone, antabuse, or naltrexone as an outpatient are counted.**

# of months Never abstinent (Go to Q17) = 000  
Missing = 999



16. How many months ago did this abstinence end? **Round up to the nearest month. (1 to 31 days ago = 1 month)**

# of months

Skipped = 999  
Still abstinent = 000  
Missing = 999

17. In your lifetime, how many times have you: A. Had alcohol d.t.s

# of times

missing = 99

B. Overdosed on drugs

# of times

18. In your lifetime, how many times have you been treated for *(including NA/AA)*:

A. Alcohol abuse

# of times

never treated = 00  
missing = 99

B. Drug abuse

# of times

19. In your lifetime, how many of these were detox only:

A. Alcohol

# of times

never treated = 00  
missing = 99

B. Drug

# of times

20. During the past 30 days, how much money would you say you spent on:

A. Alcohol

*Round up to the nearest dollar.*

\$

missing = 9999

B. Drug

*Round up to the nearest dollar.*

\$

21. Over the past 30 days, how many days have you been treated in an outpatient setting for alcohol or drugs. *(Include NA/AA)*

# of days

never treated = 00  
missing = 99

**Refer to these questions when asking questions # 22 - 24:**

*How many days have you had cravings for alcohol/drugs?*

*Have you spent money you didn't have on alcohol/drugs?*

*Did you use when you didn't want to?*

*Have you had any drug dreams over the past 30 days?*

*Have you missed any appointments because you were high or hung over?*

*Have you disappointed yourself or a family member/friend/therapist because your alcohol/drug use?*

22. Over the past 30 days, how many days have you experienced: (If no alcohol/ drug use in last 30 days, code 00)

A. Alcohol problems

# of days

missing = 99

B. Drug problems

# of days



**FOR QUESTIONS 23 & 24 ASK THE PATIENT TO USE THE PATIENT'S RATING SCALE BELOW:**

0 - Not at all, 1 - Slightly, 2 - Moderately, 3 - Considerably, 4 - Extremely

23. Over the past 30 days, how troubled or bothered have you been by these:

- A. Alcohol problems     Not at all (0)    Slightly (1)    Moderately (2)    Considerably (3)    Extremely (4)    missing
- B. Drug problems         Not at all (0)    Slightly (1)    Moderately (2)    Considerably (3)    Extremely (4)    missing

24. How important to you now is **additional** treatment for these:

- A. Alcohol problems     Not at all (0)    Slightly (1)    Moderately (2)    Considerably (3)    Extremely (4)    missing
- B. Drug problems         Not at all (0)    Slightly (1)    Moderately (2)    Considerably (3)    Extremely (4)    missing

**FOR QUESTION 25, USE THE INTERVIEWER SEVERITY RATING SCALE BELOW:**

- 00 - 01 = No real problem; treatment not indicated
- 02 - 03 = Slight problem; treatment probably not necessary
- 04 - 05 = Moderate problem; some treatment indicated
- 06 - 07 = Considerable problem; treatment necessary
- 08 - 09 = Extreme problem; treatment absolutely necessary
- 99 = Cannot Rate

25. How would you rate the patient's need for **additional** treatment for:

- |                  |                          |                          |                          |               |                          |                          |                          |
|------------------|--------------------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|--------------------------|
| A. Alcohol abuse | <input type="radio"/> 00 | <input type="radio"/> 04 | <input type="radio"/> 08 | B. Drug abuse | <input type="radio"/> 00 | <input type="radio"/> 04 | <input type="radio"/> 08 |
|                  | <input type="radio"/> 01 | <input type="radio"/> 05 | <input type="radio"/> 09 |               | <input type="radio"/> 01 | <input type="radio"/> 05 | <input type="radio"/> 09 |
|                  | <input type="radio"/> 02 | <input type="radio"/> 06 | <input type="radio"/> 99 |               | <input type="radio"/> 02 | <input type="radio"/> 06 | <input type="radio"/> 99 |
|                  | <input type="radio"/> 03 | <input type="radio"/> 07 |                          |               | <input type="radio"/> 03 | <input type="radio"/> 07 |                          |

**FOR QUESTIONS 26 & 27, USE THE CONFIDENCE RATING SCALE BELOW:**

0 = No, 1 = Yes, 99 = missing

- 26. Is the above information significantly distorted by the patient's misrepresentation?     No     Yes     Missing
- 27. Is the above information significantly distorted by the patient's inability to understand?    No     Yes     Missing



# ASI SECTION B - FAMILY HISTORY

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Have any of your relatives had what you would call a significant drinking, drug use, or psychiatric problem - that is one that did or should have led to treatment? **(DO NOT ADMINISTER THIS SECTION TO SUBJECTS WHO WERE ADOPTED OR WERE IN FOSTER FAMILIES** - this section is looking at biological family members only.)

**Directions:**

- Code "no" if the answer is clearly **no** for all relatives in that category.
- Code "yes" if the answer is clearly **Yes** for any relative within the category.
- Code "don't know" if the answer is uncertain or "I don't know".
- Code "no relative" if there never was a relative from that category.
- \* Code most problematic relative in cases of multiple members per category.

**1. Mother's side:**

- a. grandmother/alcohol problems -----  no     yes     don't know     no relative     missing
- b. grandmother/drug problems -----  no     yes     don't know     no relative     missing
- c. grandmother/psych problems -----  no     yes     don't know     no relative     missing
- d. grandfather/alcohol problems -----  no     yes     don't know     no relative     missing
- e. grandfather/drug problems -----  no     yes     don't know     no relative     missing
- f. grandfather/psych problems -----  no     yes     don't know     no relative     missing
- g. mother/alcohol problems -----  no     yes     don't know     no relative     missing
- h. mother/drug problems -----  no     yes     don't know     no relative     missing
- i. mother/psych problems -----  no     yes     don't know     no relative     missing
- j. aunt/alcohol problems -----  no     yes     don't know     no relative     missing
- k. aunt/drug problems -----  no     yes     don't know     no relative     missing
- l. aunt/psych problems -----  no     yes     don't know     no relative     missing
- m. uncle/alcohol problems -----  no     yes     don't know     no relative     missing
- n. uncle/drug problems -----  no     yes     don't know     no relative     missing
- o. uncle/psych problems -----  no     yes     don't know     no relative     missing

**2. Father's side:**

- a. grandmother/alcohol problems -----  no     yes     don't know     no relative     missing
- b. grandmother/drug problems -----  no     yes     don't know     no relative     missing
- c. grandmother/psych problems -----  no     yes     don't know     no relative     missing



Five empty boxes for entering the PID#.

- d. grandfather/alcohol problems -----  no  yes  don't know  no relative  missing
- e. grandfather/drug problems -----  no  yes  don't know  no relative  missing
- f. grandfather/psych problems -----  no  yes  don't know  no relative  missing
- g. father/alcohol problems -----  no  yes  don't know  no relative  missing
- h. father/drug problems -----  no  yes  don't know  no relative  missing
- i. father/psych problems -----  no  yes  don't know  no relative  missing
- j. aunt/alcohol problems -----  no  yes  don't know  no relative  missing
- k. aunt/drug problems -----  no  yes  don't know  no relative  missing
- l. aunt/psych problems -----  no  yes  don't know  no relative  missing
- m. uncle/alcohol problems -----  no  yes  don't know  no relative  missing
- n. uncle/drug problems -----  no  yes  don't know  no relative  missing
- o. uncle/psych problems -----  no  yes  don't know  no relative  missing

**3. Siblings:**

- a. brother # 1/alcohol problems -----  no  yes  don't know  no relative  missing
- b. brother # 1/drug problems -----  no  yes  don't know  no relative  missing
- c. brother # 1/psych problems -----  no  yes  don't know  no relative  missing
- d. brother # 2/alcohol problems -----  no  yes  don't know  no relative  missing
- e. brother # 2/drug problems -----  no  yes  don't know  no relative  missing
- f. brother # 2/psych problems -----  no  yes  don't know  no relative  missing
- g. sister # 1/alcohol problems -----  no  yes  don't know  no relative  missing
- h. sister # 1/drug problems -----  no  yes  don't know  no relative  missing
- i. sister # 1/psych problems -----  no  yes  don't know  no relative  missing
- j. sister # 2/alcohol problems -----  no  yes  don't know  no relative  missing
- k. sister # 2/drug problems -----  no  yes  don't know  no relative  missing
- l. sister # 2/psych problems -----  no  yes  don't know  no relative  missing



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## ASI SECTION B - FAMILY AND SOCIAL RELATIONS

### 1. Family and Social Relationships

- married       never married
1. Marital status: -----  remarried       don't know
- widowed       refused
- separated       missing
- divorced      missing = 99
2. How long have you been in this marital status? (*if never married, since age 18*)   years   months
3. Are you satisfied with this situation?       no       indifferent       yes       missing
4. Usual living arrangements (past 3 years)?       with sexual partner and children       with friends
- with sexual partner alone       alone
- with children alone       controlled environment
- with parents       no stable arrangements
- with family       missing
5. How long have you lived in these arrangements? (*If with parents or family, since age 18*)   years   months  
missing = 99
6. Are you satisfied with these living arrangements?       no       indifferent       yes       missing
- 6a. Do you live with anyone who has a current alcohol problem?       no       yes       refused       missing
- 6b. Do you live with anyone who uses non-prescribed drugs?       no       yes       refused       missing
7. With whom do you spend most of your free time?       family       friends       alone       missing
8. Are you satisfied with spending your free time this way?       no       indifferent       yes       missing
9. How many close friends do you have?        missing = 99

#### Directions:

- Code "no" if the answer is clearly no for all relatives in the category;**  
**Code "yes" if the answer is clearly yes for any relative within the category;**  
**Code "don't know" if the answer is uncertain or "I don't know";**  
**Code "no relative" if there never was a relative from that category;**  
**Code most problematic relative in cases of multiple members per category.**

9a. Would you say you have had close, long lasting, personal relationships with any of the following people in your life (*would you go out of your way to help this person, or would they have ever gone out of their way to help you?*):

- mother -----  no       yes       don't know       no relative in category       missing
- father -----  no       yes       don't know       no relative in category       missing
- brothers/sisters -----  no       yes       don't know       no relative in category       missing
- sexual partner/spouse  no       yes       don't know       no relative in category       missing
- children -----  no       yes       don't know       no relative in category       missing
- friends -----  no       yes       don't know       no relative in category       missing



Have you had significant periods in which you have experienced serious problems getting along with: "Serious problem" is a problem of sufficient duration (2 weeks or more for lifetime), intensity to jeopardize relationship, poor communication, lack of trust or understanding, animosity, or chronic arguments. If the subject no longer communicates with one of these people, clarify whether there has been an active problem in the past month for PAST 30 DAYS. Also clarify whether the subject has had each type of relationship in the past 30 days (ie. sexual partner, coworker). If not, code as NA. If person is deceased, code as NA.

	Past 30 Days				In Your Life			
10. Mother -----	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> missing	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> missing
11. Father -----	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> missing	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> missing
12. Brother/Sister -----	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> missing	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> missing
13. Sexual partner/spouse	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> missing	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> missing
14. Children -----	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> missing	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> missing
15. Other significant family*	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> missing	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> missing
16. Close friends -----	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> missing	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> missing
17. Neighbors -----	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> missing	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> missing
18. Co-workers -----	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> missing	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> missing

\* specify which family member:

Did any of these people (Q10 - Q18) abuse you:

18a. emotionally (make you feel bad through harsh words?)	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> refused	<input type="radio"/> missing	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> refused	<input type="radio"/> missing
18b. physically (cause you physical harm)?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> refused	<input type="radio"/> missing	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> refused	<input type="radio"/> missing
18c. sexually (force sexual advances or sexual acts)?	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> refused	<input type="radio"/> missing	<input type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> NA	<input type="radio"/> refused	<input type="radio"/> missing

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

For items 19 - 22, boyfriend/girlfriend is considered "family".

19a. with your family -----

99 = missing

19b. with other people (excluding family) -----



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Grid for patient ID number

FOR QUESTIONS 20 - 23 ASK THE PATIENT TO USE THE PATIENT'S RATING SCALE BELOW:

0 - Not at all, 1 - Slightly, 2 - Moderately, 3 - Considerably, 4 - Extremely

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

20. family problems [radio] Not at all (0) [radio] Slightly (1) [radio] Moderately (2) [radio] Considerably (3) [radio] Extremely (4) [radio] missing

21. social problems (getting along with other people) [radio] Not at all (0) [radio] Slightly (1) [radio] Moderately (2) [radio] Considerably (3) [radio] Extremely (4) [radio] missing

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

22. family problems [radio] Not at all (0) [radio] Slightly (1) [radio] Moderately (2) [radio] Considerably (3) [radio] Extremely (4) [radio] missing

23. social problems (getting along with other people) [radio] Not at all (0) [radio] Slightly (1) [radio] Moderately (2) [radio] Considerably (3) [radio] Extremely (4) [radio] missing

FOR QUESTION 24, USE THE INTERVIEWER SEVERITY RATING SCALE BELOW:

- 00 - 01 = No real problem; treatment not indicated
02 - 03 = Slight problem; treatment probably not necessary
04 - 05 = Moderate problem; some treatment indicated
06 - 07 = Considerable problem; treatment necessary
08 - 09 = Extreme problem; treatment absolutely necessary
99 = Cannot Rate

INTERVIEWER SEVERITY RATING:

- [radio] 00 [radio] 04 [radio] 08
[radio] 01 [radio] 05 [radio] 09
[radio] 02 [radio] 06 [radio] 99
[radio] 03 [radio] 07

24. How would you rate the patient's need for family and/or social counseling?

CONFIDENCE RATINGS:

Is the above information significantly distorted by:

- 25. patient's misrepresentation? [radio] No [radio] Yes [radio] Missing
26. patient's inability to understand? [radio] No [radio] Yes [radio] Missing

Comments:

Four horizontal lines for entering patient comments



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### SECTION C: LEGAL HISTORY

I'm now going to ask you a few questions about legal issues. All your answers are confidential.

- 1. Was referral to outpatient service prompted or suggested by the criminal justice system (judge, probation/parole officer, conditional release, etc.)? -----  No  Yes  Missing
- 2. Are you on probation or parole? -----  No  Yes  Missing

In your life, how many times have you been arrested and charged as an adult with the following:

- 3. Shoplifting/ vandalism -----   Number of charges No charges = 00  
Missing = 99
- 4. Parole/ probation violations -----   Number of charges No charges = 00  
Missing = 99
- 5. Drug charges -----   Number of charges No charges = 00  
Missing = 99
- 6. Forgery -----   Number of charges No charges = 00  
Missing = 99
- 7. Weapons offense -----   Number of charges No charges = 00  
Missing = 99
- 8. Burglary, larceny, breaking and entering -----   Number of charges No charges = 00  
Missing = 99
- 9. Robbery -----   Number of charges No charges = 00  
Missing = 99
- 10. Assault, battery -----   Number of charges No charges = 00  
Missing = 99
- 11. Arson -----   Number of charges No charges = 00  
Missing = 99
- 12. Rape -----   Number of charges No charges = 00  
Missing = 99
- 13. Homicide, manslaughter -----   Number of charges No charges = 00  
Missing = 99
- 14. A. Prostitution -----   Number of charges No charges = 00  
Missing = 99
- B. Contempt of court -----   Number of charges No charges = 00  
Missing = 99
- C. Other -----   Number of charges No charges = 00  
Missing = 99
- 15. How many of these charges resulted in convictions? -----   Number of convictions No convictions = 00  
Missing = 99

In your life, how many times have you been charged as an adult with the following:

- 16. Disorderly conduct, vagrancy, public intoxication   Number of charges No charges = 00  
Missing = 99
- 17. Driving while intoxicated, driving while under the influence   Number of charges No charges = 00  
Missing = 99



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18. Major driving violations (reckless driving, speeding, no license, etc.) -----

Number of charges

No charges = 00  
Missing = 99

19. In your life, how many months were you incarcerated? -----

# of months

Never incarcerated (Go to Q22) = 000  
Missing ----- = 999

20. How long was your last incarceration? **Code the last incarceration that was one month or more.** -----

# of months

Never incarcerated = 000  
Missing = 999

21. What was it for? (Use code 03 - 16, 18 - 20. If multiple charges, code most severe)-----

reason

missing = 999

22. Presently, are you awaiting charges, trial, or sentence? -----

missing     yes     no (Go to Q 24)

23. What for? (Use code 03 - 16, 18 - 20. If multiple charges, code most severe)-----

reason

missing = 999

24. In the past 30 days, how many days were you detained (questioned but released) or incarcerated? -----

# of days

never detained = 00  
missing = 99

25. In the past 30 days, how many days have you engaged in illegal activities for profit? (drug dealing, prostitution, burglary, etc.) -----

# of days

never = 00  
missing = 99

**For questions 26 & 27, ask the patient to use the patient's rating scale below. REFER TO ITEMS 3 - 18. DO NOT INCLUDE CIVIL LEGAL PROBLEMS ON THESE RATINGS.**

0 - Not at all, 1 - Slightly, 2 - Moderately, 3 - Considerably, 4 - Extremely

26. How serious do you feel your present legal problems are?

Not at all (0)     Slightly (1)     Moderately (2)     Considerably (3)     Extremely (4)     missing

27. How important to you **now** is counseling or referral for these legal problems?

Not at all (0)     Slightly (1)     Moderately (2)     Considerably (3)     Extremely (4)     missing

**FOR QUESTION 28, USE THE INTERVIEWER SEVERITY RATING SCALE:**

- 00 - 01 = No real problem; treatment not indicated
- 02 - 03 = Slight problem; treatment probably not necessary
- 04 - 05 = Moderate problem; some treatment indicated
- 06 - 07 = Considerable problem; treatment necessary
- 08 - 09 = Extreme problem; treatment absolutely necessary
- 99 = Cannot Rate

00     04     08

01     05     09

28. How would you rate the patient's need for legal services or counseling?

02     06     99

03     07



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FOR QUESTIONS 29 & 30, USE THE CONFIDENCE RATING SCALE:

0 = No  
1 = Yes

29. Is the above information significantly distorted by the patient's  
misrepresentation? -----  No     Yes     Missing

30. Is the above information significantly distorted by the patient's inability  
to understand? -----  No     Yes     Missing