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 follow-up.≈

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. X = Question not answered.
   N = Question not applicable.
4. Terminate interview if client misrepresents two or more sections.
5. When noting comments, please write the question number.
6. Tutorial/clarification notes are preceded with "•".

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 necessarily 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).
8. Homemaker.
9. Student, disabled, no occupation.

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Pain killers = Morphine, Dilaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Syrups = Robitussin, Fentanyl
Barbiturates:	Nembutal, Seconal, Tuinal, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinal
Sed/Hyp/Tranq:	Benzodiazepines = Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = Chloral Hydrate, Quaaludes
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, Psilocybin (Mushrooms), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstacy
Inhalants:	Nitrous Oxide (Whippits), Amyl Nitrite (Poppers), Glue, Solvents, Gasoline, Toluene, Etc.

Just note if these are used: Antidepressants,
Ulcer Meds = Zantac, Tagamet
Asthma Meds = Ventolin 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 or more 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, 3 or more drinks in one sitting, or 5 or more 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....?"

Addiction Severity Index, Fifth Edition
GENERAL INFORMATION

(Clinical/Training Version)

G1.ID No.: ☐☐☐☐☐☐☐☐☐

G2. SS No. : ☐☐☐ - ☐☐ - ☐☐☐☐

G4. Date of Admission ☐☐ / ☐☐ / ☐☐☐☐

G5. Date of Interview: ☐☐ / ☐☐ / ☐☐☐☐

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

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

G8. Class: 1. Intake 2. Follow-up ☐

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

G10. Gender: 1. Male 2. Female ☐

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

_____
Name

_____
Address 1

_____
Address 2

_____(____)_____
City State Zip Code Telephone Number

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

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

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

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. Other Hispanic

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
3. Alcohol/Drug Treat.
4. Medical Treatment
5. Psychiatric Treatment
6. Other: _____
- A place, *theoretically*, without access to drugs/alcohol.

G20. How many days? ☐☐
- "NN" if Question G19 is No. Refers to total number of days detained in the past 30 days.

ADDITIONAL TEST RESULTS

_____ ☐☐☐
_____ ☐☐☐
_____ ☐☐
_____ ☐☐☐
_____ ☐☐
_____ ☐☐☐
_____ ☐☐☐
_____ ☐☐☐

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

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

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 this is coded "NN".

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 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.

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 question number with your notes)

EMPLOYMENT/SUPPORT STATUS

E1.* Education completed:
- GED = 12 years, note in comments.
- Include formal education only.

Yrs. ☐☐ Mos. ☐☐

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

Mos. ☐☐

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 toE4 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 constitute the majority of your support? 0 - No 1 - Yes ☐
- If E8 is "No", then E9 is "N" .

E10. Usual employment pattern, past three years? ☐
1. Full time (35+ hours)
2. Part time (regular hours)
3. Part time (irregular hours)
4. Student
5. Service
6. Retired/Disability
7. Unemployed
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? ☐☐
- Include "under the table" work, paid sick days and vacation.

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

EMPLOYMENT/SUPPORT (cont.)

For questions E12-17: 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. Pensions, 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 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 the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems. In that case an "N" response is indicated.

E21. How important to you now is counseling for these employment problems? [ ]
- Stress help in finding or preparing for 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. Patient's misrepresentation? 0-No 1-Yes [ ]

E24. Patient's inability to understand? 0-No 1-Yes [ ]

EMPLOYMENT/SUPPORT COMMENTS

(Include question number with your notes)

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.*

		Past 30 Days	Lifetime (years)	Route of Admin
D1	Alcohol (any use at all, 30 days)			
D2	Alcohol - to intoxication			
D3	Heroin			
D4	Methadone			
D5	Other Opiates/Analgesics			
D6	Barbiturates			
D7	Sedatives/Hypnotics/ Tranquilizers			
D8	Cocaine			
D9	Amphetamines			
D10	Cannabis			
D11	Hallucinogens			
D12	Inhalants			
D13	More than 1 substance per day (including alcohol)			

D14. According to the interviewer, which substance(s) is/are the major problem? ☐☐

- Interviewer should determine the major drug or drugs of abuse. Code the number next to the drug in questions 01-12, or "00" = no problem, "15" = alcohol & one or more drugs, "16" = more than one drug 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 = "00", then D16 = "NN".
- "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.

D18* Overdosed on Drugs? ☐☐

- ***Overdoses*** (OD): Requires intervention by someone to recover, not simply sleeping it off, include suicide attempts by OD.

ALCOHOL/DRUGS COMMENTS

(Include question number with your notes)

ALCOHOL/DRUGS (cont.)

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

D19.* Alcohol abuse? ☐☐

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

How many of these were detox only:

D21.* Alcohol? ☐☐

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

D23. Alcohol? ☐☐☐☐☐

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

D20.* Drug abuse? ☐☐

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

How many of these were detox only:

D22.* Drugs? ☐☐

• If D19 = "00", then question D21 is "NN"
If D20 = '00', then question D22 is "NN"

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

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? ☐☐

• 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.

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

D28. Alcohol problems? ☐

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

How important to you now is treatment for these:

D30. Alcohol problems? ☐

How many days in the past 30 have you experienced:

D27. 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 additional substance abuse treatment.

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

D29. Drug problems? ☐

How important to you now is treatment for these:

D31. Drug problems? ☐

INTERVIEWER 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. Patient's misrepresentation? 0-No 1-Yes ☐

D35. Patient's inability to understand? 0-No 1-Yes ☐

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 ☐
- Judge, probation/parole officer, etc.

L2. Are you on parole or probation? 0 - No 1 - Yes ☐
- Note duration and level in comments.

How many times in your life have you been arrested and charged with the following:

L3 * Shoplift/Vandal	☐☐	L10* Assault	☐☐
L4 * Parole/Probation Violations	☐☐	L11* Arson	☐☐
L5 * Drug Charges	☐☐	L12* Rape	☐☐
L6 * Forgery	☐☐	L13* Homicide/Mansl.	☐☐
L7* Weapons Offense	☐☐	L14* Prostitution	☐☐
L8* Burglary/Larceny/B&E	☐☐	L15* Contempt of Court	☐☐
L9 * Robbery	☐☐	L16* Other: _____	☐☐

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

L17* How many of these charges resulted in convictions? ☐☐
- If L3-16 = 00, then question L17 = "NN".
- Do not include misdemeanor offenses from questions L18-20 below.
- Convictions include fines, probation, incarcerations, suspended sentences, guilty pleas, and plea bargaining.

How many times in your life have you been charged with the following:

L18.* Disorderly conduct, vagrancy, public intoxication? ☐☐

L19.* Driving while intoxicated? ☐☐

L20.* Major driving violations? ☐☐
- Moving violations: speeding, reckless driving, no license, etc.

L21* How many months were you incarcerated in your life? ☐☐ 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. Enter "NN" if never incarcerated.

L23. What was it for? ☐☐
- Use code 03-16, 18-20. If multiple charges, choose most severe. Enter "NN" if never incarcerated.

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

L25. What for? ☐☐
- Use the number of the type of crime committed: 03-16 and 18-20
- Refers to Q. L24. If more than one, choose most severe.

LEGAL COMMENTS

(Include 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 Question E17 under Employment/Family Support Section.

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

L29. How important to you now is counseling or referral for these legal problems? ☐
- Patient is rating a need for 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. Patient's misrepresentation? 0 - No 1- Yes ☐

L32. Patient's inability to understand? 0 - No 1 - Yes ☐

LEGAL COMMENTS
(Include question number with your notes)

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?

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

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

Siblings	Alcohol	Drug	Psych.
H11. Brother	☐	☐	☐
H12. Sister	☐	☐	☐

0 = Clearly No for any relatives in that category **X = Uncertain or don't know**
1 = Clearly Yes for any relatives in that category **N = 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.

FAMILY HISTORY COMMENTS

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. ☐

F2. How long have you been in this marital status (Q #F1)?
• If never married, then since age 18. ☐☐ Yrs. ☐☐ Mos.

F3. Are you satisfied with this situation? 0-No 1-Indifferent 2-Yes ☐
• Satisfied = generally liking the situation.
• Refers to Questions F1 & F2.

F4.* Usual living arrangements (past 3 years):
1-With sexual partner & children 6-With friends
2-With sexual 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. 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?
• If with parents or family, since age 18. ☐☐ Yrs. ☐☐ Mos.
• Code years and months living in arrangements from Question 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. Referring to Question 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 ☐ F15. Sexual Partner/Spouse ☐

F13. Father ☐ F16. Children ☐

F14. Brothers/Sisters ☐ F17. Friends ☐

0 = Clearly No for all in class X = Uncertain or "I don't know
1 = Clearly Yes for any in class N = 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 question number with your notes)

FAMILY/SOCIAL (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. Brother/Sister	☐	☐
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 "N"

Has anyone ever abused you? **0- No 1-Yes**

	Past 30 days	In Your Life
F27. Emotionally? • Made you feel bad through harsh words.	☐	☐
F28. Physically? • Caused you physical harm.	☐	☐
F29. Sexually? • Forced sexual advances/acts.	☐	☐

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

F30. With your family? ☐☐

For Questions F32-35, 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.

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

F31. With other people (excluding family)? ☐☐

For Questions F32-35, 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.

INTERVIEWER SEVERITY RATING

F36. How would you rate the patient's need for family and/or social counseling? ☐

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)

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 alcohol/drug use) in which you have: **0-No 1-Yes**

		Past 30 Days	Lifetime
P4.	Experienced serious depression-sadness, hopelessness, loss of interest?	☐	☐
P5.	Experienced serious anxiety/ tension-uptight, unreasonably worried, inability to feel relaxed?	☐	☐
P6.	Experienced hallucinations-saw things/ heard voices that others didn't see/hear?	☐	☐
P7.	Experienced trouble understanding, concentrating, or remembering?	☐	☐

Have you had a significant period of time (despite your alcohol and drug use) in which you have: **0-No 1-Yes**

		Past 30 Days	Lifetime
P8.	Experienced trouble controlling violent behavior including episodes of rage, or violence? • 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? ☐☐

- This 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 or emotional problems? ☐

PSYCHIATRIC STATUS COMMENTS

(Include question number with your comments)

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 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	☐

G12. Special Code ☐

1. Patient terminated by interviewer
2. Patient refused
3. Patient unable to respond (language or intellectual barrier, under the influence, etc.)

N. Interview completed.

PSYCHIATRIC STATUS COMMENTS

(Include question number with your notes)