Addiction Severity Index 5th Edition
DENS Clinical/Training Version

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Remember: This is an interview, not a test.

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 to 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. Terminate interview if client misrepresents two or more sections.
4. 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 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, drafts-person, timekeeper, secretary).
5. Skilled manual - usually having had training (baker, barber, brake-person, chef, electrician, fireman, machinist, mechanic, paperhanger, painter, repair-person, tailor, welder, police, plumber).
7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter, including unemployed).
8. Homemaker.

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, Robitussin, Fentanyl

Barbiturates:
- Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol

Sed/Hyp/Tranq:
- Benzodiazepines = Valium, Librium, Ativan, Serax Tramexene, Xanax, Miltown, Other = ChloralHydrate (Noctex), Quaaludes, Dalmane, Halcion

Cocaine:
- Cocaine Crystal, Free Base Cocaine or "Crack, and "Rock Cocaine"

Amphetamines:
- Monster, Crank, Benzedrine, Dextedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal

Cannabis/Marijuana, Hashish

Hallucinogens:
- LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy

Inhalants:
- Nitrous Oxide, Amyl Nitrate (Whippets, 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 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....?"
HINTS

G4-G5. These dates often differ. If you do not know when the person will be admitted, enter XX/XX/XXXX. If date of admission and date of interview are same date fill in both with same date. Clicking on the small arrow will produce a pop-up calendar.

G8. Most ASIs for the DENS study will be coded "intake". ASI's done on or near admission are "intakes" even if the person has been in your treatment program before. Follow-up ASIs are generally completed by interviewers completing follow-up studies.

G9. All intake ASIs should be completed in person. Many follow-up ASI's are done on the telephone after a client leaves treatment.

G14. This refers to the address listed above. Answers to this question may indicate stability and longevity of living arrangements, or could be used in determining recovery environment.

G15. This helps assess the stability of the living arrangement. Additional probes could include questions about who owns the home, etc. The patient does not have to be the owner.

G51. Ask “of what race or races do you consider yourself?” To prompt, read the racial category list. If the client says they are multi-racial, prompt them to select from the racial category list. Record Hispanic or Latino in G52, NOT as OTHER in G51.

G52. Ask “of which ethnic category do you consider yourself, Hispanic or Latino, or NOT Hispanic or Latino?” This question does not allow for specifying other ethnicities because it corresponds to the US Census 2000 questions.

G18. Ask, “do you have a religious preference?” This does not simply refer to their childhood religion. Recommended Probes: Do you have any other spiritual belief system? Are you currently active/practicing this religion?

G19. A place, theoretically, without access to drugs/alcohol. If they have been in two controlled environments, record the one they have been in the longest. We recognize that clients may have access to alcohol and other drugs in these facilities.

G20. Refers to the total number of days in any controlled environments in the past 30 days. If they have been in two environments total the number of days in both and clarify in the comments. Code "N" if Question G19 is “No.”
**MEDICAL INFORMATION**

### Medical Status

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1. How many times in your life have you been hospitalized for medical problems?</td>
<td>NO, YES, or X, 0 - 99, or X</td>
</tr>
<tr>
<td>M2. How long ago was your last hospitalization for a physical problem?</td>
<td>YES, MOS, 0 - 99, 0-11, X or N</td>
</tr>
<tr>
<td>M3. Do you have any chronic medical problems which continue to interfere with your life?</td>
<td>NO, YES, or X</td>
</tr>
<tr>
<td>M4. Are you taking any prescribed medication on a regular basis for a physical problem?</td>
<td>NO, YES, or X</td>
</tr>
<tr>
<td>M5. Do you receive a pension for a physical disability?</td>
<td>NO, YES, or X</td>
</tr>
</tbody>
</table>

### Interviewer Severity Rating

- **M6.** How many days have you experienced medical problems in the past 30? 0-30 or X
- **M7.** How troubled or bothered have you been by these medical problems in the past 30 days?
- **M8.** How important to you now is treatment for these medical problems?

### Confidence Rating

- Is this information significantly distorted by: Patient's misrepresentation? NO, YES
- Patient's inability to understand? NO, YES

### Hints

**M1.** Include ODs and D.T.’s. Exclude detox, alcohol/drug, psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems. Probe: Dates of the hospitalizations and what for?

**M2.** This question asks: “How long ago was your last hospitalization, not how long was the hospitalization. If never hospitalized (Question M1=00) then this should be "N".

**M3.** Chronic: refers to a medical condition (i.e. Hepatitis, Asthma, Diabetes) that requires ongoing attention (i.e. medication, dietary restriction) preventing full advantage of their abilities. Code even if the patient has adjusted to the condition.

**M4.** Medication prescribed by a physician 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.** Include Workers' compensation, exclude psychiatric disability. If yes, specify type and amount of pension in the comments. Crosscheck with E15.

**M6.** Includes days with chronic medical problems (from M3), flu, colds, etc. Include ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.). Exclude hangovers.

**M7.** Prompt client with problems already discussed. Ask M7 even if client has not identified days in M6. If M6=0, and the answer for M7 is greater than zero, go back to M6 and code how many days they have been bothered by the problem.

**M8.** If client is currently receiving medical treatment, this can refer to need for additional treatment. Prompt client with identified problems (i.e. How interested are you in receiving treatment for the back pain you experienced the past 10 days?)

**M9.** Use your interviewer range. Remember your scale is 0-9 don’t use the client’s 0-4 scale! If the client is currently receiving medical treatment, this can refer to the patient's need for additional treatment.

**M10.** Coding “patient misrepresentation” should not be confused with minimization or “denial”. Code ‘yes’ only if you have clear evidence that the patient is falsifying information throughout the entire section.

**M11.** “Patient’s inability to understand” refers to an inability to complete the section due to problems of intoxication or detoxification, language barriers, or serious problems with intellectual ability such as mental retardation or head injury.
**HINTS**

**E1.** Enter the number of years and months of education. GED = 12 years, note in comments, 16 years = bachelors degree, etc. This includes traditional schooling, and structured home-based schooling.

**E2.** Formal/organized training providing certificate or marketable skill only. For military training, only include training that can be used in civilian life (i.e. electronics, artillery).

**E3.** This refers to an employable, transferable skill acquired through training (i.e. prostitution is not considered “a profession”).

**E4.** Valid license; not suspended/revoked. Can be from out of state. If the patient was pulled over by police while driving, would their license be considered valid? If so-code yes.

**E5.** If answer to E4 is "No", then E5 must be "No". Does not require ownership, only requires availability on a regular basis.

**E6.** Full time = 35+ hours weekly; does not necessarily mean most recent job. Ask, “what was the longest you ever worked in one job full time?”

**E7.** Use the Hollingshead scale to record the occupation category they have worked in most of their adult life. If there is no usual occupation, record the category of the last occupation they had.

**E8.** Is patient receiving any regular support (i.e. cash, food, housing) from any family members or friends. Include spouse's contribution; exclude support by an institution. If living with family or friends and not paying rent, code yes.

**E9.** If E8 is "No", then E9 is "N/A". If E8 is yes, probe to find out if it is the majority of their support. Generally, if someone provides their food and shelter, this constitutes the majority of their support. Probe sufficiently and do not assume.

**E10.** Code the category that best describes their employment pattern for the last 3 years, not just the most recent employment. If there are equal times for more than one category, select the category that best represents the current situation.
<table>
<thead>
<tr>
<th>EMPLOYMENT COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Include question number with your notes)</td>
</tr>
</tbody>
</table>

### EMPLOYMENT SUPPORT STATUS

<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>E11. How many days were you paid for working in the past 30?</td>
<td>( 0-99999, X )</td>
</tr>
<tr>
<td>E12. Employment (net income)?</td>
<td>( $ )</td>
</tr>
<tr>
<td>E13. Unemployment compensation?</td>
<td>( $ )</td>
</tr>
<tr>
<td>E14. Welfare?</td>
<td>( $ )</td>
</tr>
<tr>
<td>E15. Pension, benefits or social security?</td>
<td>( $ )</td>
</tr>
<tr>
<td>E16. Mate, family or friends (money for personal expenses)?</td>
<td>( $ )</td>
</tr>
<tr>
<td>E17. Illegal?</td>
<td>( $ )</td>
</tr>
<tr>
<td>E18. How many people depend on you for the majority of their food, shelter, etc.?</td>
<td>( 0-9 )</td>
</tr>
<tr>
<td>E19. How many days have you experienced employment problems in the past 30?</td>
<td>( 0-30, X )</td>
</tr>
<tr>
<td>E20. How troubled or bothered have you been by these employment problems in the past 30?</td>
<td>USE PATIENT RATING SCALE</td>
</tr>
<tr>
<td>E21. How important to you now is counseling for these employment problems?</td>
<td>USE PATIENT RATING SCALE</td>
</tr>
</tbody>
</table>

### HINTS

**E11.** Total number of days paid for working. Include days not worked but paid for (i.e., paid days vacation, personal, holidays and/or sick days) Include “under the table work” (i.e., helping friends move, cutting lawns etc.).

**E12.** Net or “take home” pay, earned income. Include any “under the table money” (i.e., delivering pizza, cutting lawns, etc.). Do not include money from drug dealing, prostitution, etc., this will be included in E17.

**E13.** Unemployment compensation. Money received after being laid-off or fired from a job.

**E14.** Welfare income includes cash, food stamps, and transportation money provided by an agency. This is the only place on the ASI where we include, as cash, the value of a non-cash item (i.e., food stamps).

**E15.** Include disability, pensions, retirement, veteran’s benefits, SSI, SSDI, & workers’ compensation. Do not include unemployment compensation, that was coded in E13.

**E16.** Include cash provided for personal expenses, i.e., clothing). Also include unreliable sources of income, windfalls (unexpected), money from legal gambling, inheritance, tax returns, etc. Must be cash given to the patient. Crosscheck with E8.

**E17.** Cash obtained from drug dealing, stealing, fencing stolen goods, illegal gambling, prostitution, etc. Do not attempt to convert drugs received for illegal activity to a dollar value (i.e., patient engages in sex for drugs instead of cash).

**E18.** Must be regularly depending on patient financially. Include alimony/child support, if it is the majority of the spouse or child’s support. Do not include the patient or a self-supporting spouse.

**E19.** Include inability to find work, if they are actively looking for work (actively going on interviews, knocking on doors, completing applications, etc.) or problems with present job such as lateness, job probation, argument with the boss, etc.

**E20.** Ask E20 even if patient has not identified problems in E19. If the patient is troubled by employment problems, probe what those problems are and how many days they experienced them. Go back and fill in E19 if necessary.

**E21.** Stress that counseling could include help in finding or preparing for a job (resume writing, job preparation and readiness evaluation and/or skills training, etc.), not giving them a job.

**E22.** Use your interviewer range. Remember your scale is 0-9 don’t use the client’s 0-4 scale! Treatment for employment problems could include job training, help applying to school, a back-to-work conference with a current employer, etc.

**E23.** Coding “patient misrepresentation” should not be confused with minimization or “denial”. Code ‘yes’ only if you have clear evidence that the patient is falsifying information throughout the entire section.

**E24.** “Patient’s inability to understand” refers to an inability to complete the section due to problems of intoxication or detoxification, language barriers, or serious problems with intellectual ability such as mental retardation or head injury.
HINTS

D1a. PAST 30 DAYS: Any alcohol use at all, includes beer, wine, and liquor. Enter the number of days, not the number of times in the past thirty days. Recommended probe: Approximately how much do you drink each day?

D1b. LIFETIME USE = years of regular use. Enter the number of years (six months or more, round up) of regular (three times a week or more, irregular problematic use, bingeing) use. Probe for periods of abstinence and deduct from total.

D1c. ROUTE OF ADMINISTRATION: The usual route for alcohol is oral, but some patients may inject alcohol. If more than one route is used, code most severe route. Routes of administration are listed in order of least (oral) to most (IV) severe.

D2a. PAST 30 DAYS: To intoxication is defined as 3 drinks in a sitting or 5 in a day even if the patient reports not feeling intoxicated. Drinking to “feel” the effects, catch a buzz, drinking with intention to alter a state of being are also included.

D2b. LIFETIME USE = How many years of the regular use (from D1b) did the patient drink heavily? Prompt client (i.e. “Of the 22 years you were drinking, how many were you drinking more than 3 drinks in a sitting, or to feel the effects?”).

D2c. ROUTE OF ADMINISTRATION: The usual route for alcohol is oral, but some patients may inject alcohol. If more than one route is used, code most severe route. Routes of administration are listed in order of least (oral) to most (IV) severe.

D3-D13

• PAST 30 DAYS- Record the number of days of use. Probe for quantity and amount spent and note in comment section.
• LIFETIME USE= years of regular use. Enter the number of years (six months or more, round up) of regular (three times a week or more, irregular problematic use, bingeing) use. Probe for periods of abstinence and deduct from total.
• ROUTE OF ADMINISTRATION- If more than one route is used, code most severe route, (i.e. shooting IV is considered more severe than intranasal use). Routes of administration are listed in order of least (oral) to most (IV) severe. Pills are usually coded as oral.

CODING HINTS

• D3- Speedballing (use of heroin and cocaine together) is recorded here and in the cocaine column.
• D4- Probe to see if client is on a Methadone program and record in the comment section. Count any Methadone use whether or not on program. Methadone is usually taken orally.
• D5- Prompt client with drugs in this classification (i.e. Have you ever used opiates like, Dilaudid, Vicodan, Tylenol with Codeine, Percodan, Percocet or any other opiates?). Pills are usually coded as oral.
• D6- Prompt client with examples of drugs in this classification.
• D7- Prompt with examples of drugs in this classification (i.e. Have you ever used Xanax, Valium, Klonopin, Ativan, Serax, etc.) Ask whether medications were prescribed or were they using illicit drugs.
• D8- Prompt with, have you ever used cocaine, crack.
• D9- Prompt with drugs in this classification.
• D10- Prompt with Marijuana, Pot, Hash etc. Cannabis is usually smoked or used orally
• D11- Prompt with drugs in classification.
• D12- Inhalants are, by definition, used nasally.
• D13- Help client by framing the question (i.e. you said you used Alcohol on ten days and cocaine on five days were they the same days?) Help anchor the client (i.e. you said you used alcohol for 10 years and heroin for 10 years, were these the same years?)
**DRUG AND ALCOHOL INFORMATION**

**Drug / Alcohol Use**

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

- **D15.** How long was your last period of voluntary abstinence from this major substance (in mos.)? 

- **D16.** How many months ago did this period of abstinence end? If D15 = “00”, then D16 = “00”. If patient is still abstinent, D16 = “00”.

**HINTS**

**D14.** Determine the major drug/alcohol problem. Could be just one drug, or more likely, alcohol & one or more drugs, or more than one drug but no alcohol. You could also code “no problem”.

**D15.** How long, not how long ago. Last period of at least 1 month voluntary abstinence. Periods of hospitalization/incarceration/inpatient do not count. Periods of antabuse, methadone, or naltrexone use during abstinence does count. “00” = never abstinent.

**D16.** How many months ago did this abstinence end? If D15 = “00”, then D16 = “00”. If patient is still abstinent, D16 = “00”.

**D17.** Differentiate between “shakes” and 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.** Define Overdose for client. Differentiate between OD’s and passing out. Overdoses (OD): Requires intervention by someone to recover, not simply sleeping it off, include suicide attempts by OD.

**D19– D20.** Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period). Exclude psychiatric and medical treatments. Include and code dual diagnosis unit in this section and in psychiatric section. If treated in the same place for alcohol and drugs count in both D19 and D20 and make appropriate notation in the comment section.

**D21-D22.** If D19 = “00”, then question D21 is “N”. If D20 = “00”, then question D22 is “N”. Note: Not how many included detox, but how many were detox treatment only.

**D23-D24.** Only count actual money spent. Cash out of pocket. Do not count the dollar amount of drugs used. The intent of the question is to ascertain the financial burden caused by drugs/alcohol.

**D25.** Number of days treated. Include AA/NA. If AA and NA occurred the same days as other treatment do not count twice. Two AA/NA meetings in one day, correct coding = 1 day.
**DRUG AND ALCOHOL INFORMATION**

**Drug / Alcohol Use**

D26. How many days in the past 30 have you experienced alcohol problems?  
D27. How many days in the past 30 have you experienced drug problems?  
D28. How troubled or bothered have you been in the past 30 days by alcohol problems?  
D29. How troubled or bothered have you been in the past 30 days by drug problems?  
D30. How important to you now is treatment for alcohol problems?  
D31. How important to you now is treatment for drug problems?  

**INTERVIEWER SEVERITY RATING**

D32. How would you rate the patient’s need for alcohol treatment?  
D33. How would you rate the patient’s need for drug treatment?  

**CONFIDENCE RATING**

Is this information significantly distorted by:  
D34. Patient’s misrepresentation?  
D35. Patient’s inability to understand?  

**ALCOHOL / DRUG COMMENTS**

(Include question number with your notes)

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**HINTS:**

**D26-D27.** Prompt client with and define problems. Include: Urges, craving, thoughts about using, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.

**D28-D27.** Ask question even if client has not identified any days of problems in past 30. If you get a response other than “Not at all”, probe to find out what they are bothered by, and record in comments. Then ask how many days and code correctly in D26 and D27.

**D30-D31.** If patient is in treatment, question refers to additional treatment, regardless of availability. If inconsistent, probe for clarification (i.e. troubled and bothered = “Extremely”, need for treatment = “Not at all”).

**D32-D33.** Use your interviewer range. Remember your scale is 0-9 don’t use the client’s 0-4 scale! Treatment for alcohol or drug problems could include group or individual counseling or a support group or educational lectures.

**D34.** Coding “patient misrepresentation” should not be confused with minimization or “denial”. Code ‘yes’ only if you have clear evidence that the patient is falsifying information throughout the entire section.

**D35.** “Patient’s inability to understand” refers to an inability to complete the section due to problems of intoxication or detoxification, language barriers, or serious problems with intellectual ability such as mental retardation or head injury.
**LEGAL INFORMATION**

<table>
<thead>
<tr>
<th>Legal (L1-L17)</th>
<th>Legal (L18-L23)</th>
<th>Legal (L24-L27)</th>
<th>Legal (L28-L32)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L1. Was this admission prompted or suggested by the criminal justice system (judge, probation or parole officer, etc.)?</td>
<td>NO, YES, X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L2. Are you on probation or parole?</td>
<td>NO, YES, X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HINTS**

L1. If any member of the criminal justice system (judge, probation or parole officer, etc.) prompted the client’s current admission or generally, if the client will suffer undesirable legal consequences as a result of refusing or not completing treatment.

L2. Enter “yes” if the client is currently on probation or parole. Note what they are on probation/parole for, how long have they been on it and time remaining, and the name and number of their P.O. officer if they are willing to provide it.

L3–L16. Record the number of times the client was arrested and charged (not necessarily convicted). Do not include juvenile (prior to the age of 18) crimes, unless the client is tried as an adult.

**CODING HINTS**

- Forgery includes attempted forgery, forgery of checks and prescriptions.
- Robbery is always a crime “against a person”, not a property crime.
- Assault includes domestic violence.
- Arson includes attempted arson.
- Rape includes attempted rape.
- Homicide or manslaughter includes attempted homicide or manslaughter.
- Prostitution includes pimping.
- Contempt of court- In some states "contempt of court " is the charge levied against someone who has failed to pay support or alimony payments.
- “Other” charges cannot be those offenses covered in L18 – L20.

L17. Convictions include fines, probation, suspended sentences, incarcerations, and guilty pleas. Charges for parole and/or probation violations are automatically convictions. Do not include the misdemeanor offenses (18 – 20) in this item.
### Legal Information

**Legal Status**

<table>
<thead>
<tr>
<th>How many times in your life have you been charged with the following:</th>
<th>0-99, X</th>
</tr>
</thead>
<tbody>
<tr>
<td>L18. Disorderly conduct, vagrancy, public intoxication</td>
<td>0-99, X</td>
</tr>
<tr>
<td>L19. Driving while intoxicated</td>
<td>0-99, X</td>
</tr>
<tr>
<td>L20. Major driving violations (reckless driving, speeding, no license, etc.)</td>
<td>0-99, X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>L21. How many months were you incarcerated in your life?</th>
<th>0-99, X</th>
</tr>
</thead>
<tbody>
<tr>
<td>L22. How long was your last incarceration?</td>
<td>mos</td>
</tr>
<tr>
<td>L23. What was it for?</td>
<td>0-99, X, or N</td>
</tr>
</tbody>
</table>

### Legal Comments

(Include question number with your notes)

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**HINTS:**

L18. Charges in item #L18 category may include those which generally relate to being a public annoyance without the commission of a particular crime in addition to disorderly conduct, vagrancy, and public intoxication.

L19. Includes driving under the influence, driving while impaired, as well as intoxicated.

L20. Driving violations counted in #20 are moving violations (speeding, reckless driving, leaving the scene of an accident, etc.). This does not include vehicle violations, registration infractions, parking tickets, etc.

L21. Enter the total number of months the client spent in jail, prison, or detention center (whether or not the charge resulted in a conviction).

L22. Note: the question does not ask how long ago rather how long the last incarceration of two weeks or more was. Count as one month any period of incarceration two weeks or longer. Enter “N” if client has never been incarcerated.

L23. If incarcerated for several charges, enter the most serious on the “pop-down” list. If never incarcerated, enter “N”. Enter “X” if the client will not discuss the charges.

L24. Enter “yes” if the client is awaiting any sort of charges, trial, or sentencing. Do not include civil lawsuits unless a criminal offense (contempt of court) is involved.

L25. If awaiting charges, trial, or sentencing for several charges, enter the most serious on the “pop-down” list. If not awaiting charges, enter “N”. Enter “X” if the client will not discuss the charges.

L26. Enter number of days detained or incarcerated, even if released on the same day. Including being put in jail to sleep off a drunk, or detained and questioned by the police because s/he looked like someone who had committed a crime, etc. Only count time served is the client was charged and served time as an adult.

L27. Enter the number of days the client engaged in crime for profit. NOTE: Profit is not limited to CASH. Include drug dealing, prostitution, burglary, selling stolen goods, etc. Do not count days of drug possession or drug use.

L28. Ask L28 even if client has not identified any criminal behavior in L27. Record the client’s feelings about how serious s/he feels their legal problems are, and the importance of getting (additional) counseling or referral.

L29. The client is rating the need for referral to legal counsel so that he can defend himself against criminal charges.

L30. Use your interviewer range. Remember your scale is 0-9 don’t use the client’s 0-4 scale! “Treatment” for legal problems generally includes the involvement of legal counsel.

L31. Coding “patient misrepresentation” should not be confused with minimization or “denial”. Code ‘yes’ only if you have clear evidence that the client is falsifying information throughout the entire section.

L32. “Patient’s inability to understand” refers to an inability to complete the section due to problems of intoxication or detoxification, language barriers, or serious problems with intellectual ability such as mental retardation or head injury.
FAMILY SOCIAL INFORMATION

F1. Marital Status:
- Married
- Remarried
- Divorced
- Widowed
- Never Married

F2. How long have you been in this marital status (if never married, then since age 18)?
Yes
No, Indifferent
X

F3. Are you satisfied with this arrangement?
Yes
No, Indifferent
X

F4. Usual living arrangements (last 3 years):
- With sexual partner and children
- With sexual partner alone
- With children
- With parents
- With family
- With friends
- Alone
- Controlled environment
- No stable arrangement

F5. How long have you lived in these arrangements (if with parents or family, since age 18)?
Yes
No, Indifferent
X

F6. Are you satisfied with these arrangements?
Yes
No, Indifferent
X

F7. Has an alcohol problem?
Yes
No
X

F8. Uses non-prescribed drugs?
Yes
No
X

F9. With whom do you spend most of your free time?
1. Family
2. Friends
3. Alone
X. Not Answered

F10. Are you satisfied with spending your free time this way?
Yes
No, Indifferent
X

F11. How many close friends do you have?
0-9
X

FAMILY/SOCIAL COMMENTS
(Include question number with your notes)

HINTS

F1. Enter the code for present legal marital status. If married, probe to see if this is his/her first marriage, if not code “Remarried”. Consider common law marriage “Married”, with a notation in the comment section.

F2. Enter number of years and months client has been in the current marital status. If never married, (from F1), the number of years from age 18 will automatically be entered.

F3. This question refers to the marital status coded in F1. A "satisfied" response must indicate that the client generally likes the situation, not that he/she is merely resigned to it.

F4. Code the situation in which the client spent most of the last three years, even if it is different from his or her most recent living arrangement. If the client lived in several arrangements choose the most representative of the past 3 years.

F5. Refers to the arrangement coded above, not necessarily the most current. For clients who usually live with parents, enter the number of years residing there since age 18 in item #5.

F6. This question refers to the living arrangement coded in F4. A "satisfied" response must indicate that the client generally likes the situation, not that he/she is merely resigned to it.

F7. Code “yes” if the client reports that an individual with an active alcohol problem lives with them (in the case of most outpatient treatment settings) or in the environment the client expects to return to following inpatient treatment.

F8. Code “yes” if the client reports an individual with any form of drug use lives with them, or for inpatients, in the environment the client expects to return to. This includes abusers of prescribed drugs.

F9. Immediate and extended family, in-laws, are coded under “Family”. “Friends” can be any of the client’s associates other than family members, and related problems with friends will be considered “Social” problems in later questions.

F10. A “Yes” response must indicate that the client generally likes the situation, not that s/he is merely resigned to it. Merely resigned to a situation is coded as “Indifferent”. A “No” response indicates the client generally dislikes the situation.

F11. Stress “close”. Exclude family members. These are reciprocal relationships or mutually supportive relationships. Determine specifically if there has been the ability to feel closeness and mutual responsibility in the relationship.
### FAMILY/SOCIAL INFORMATION

#### Family / Social Relationships

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>F12. Mother:</td>
<td>Clearly No</td>
</tr>
<tr>
<td>F13. Father:</td>
<td>Clearly Yes, Uncertain or &quot;I don’t know&quot;</td>
</tr>
<tr>
<td>F14. Brothers/Sisters:</td>
<td>Clearly No</td>
</tr>
<tr>
<td>F15. Sexual Partner/ Spouse:</td>
<td>Clearly Yes, Never had</td>
</tr>
<tr>
<td>F16. Children:</td>
<td>Uncertain or &quot;I don’t know&quot;</td>
</tr>
<tr>
<td>F17. Friends:</td>
<td></td>
</tr>
</tbody>
</table>

#### HINTS

**F12-F17.** Define “reciprocal” by meaning that you would do anything you could to help this person out and vice versa. Is this relationship valued (beyond simple self-benefit)? Code “no” if there never was the opportunity for this relationship.

**F14-F17.** Code “Never had” option if you don’t have any brothers or sisters.

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

<table>
<thead>
<tr>
<th>Question</th>
<th>PAST 30 DAYS</th>
<th>LIFETIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>F18. Mother</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>F19. Father</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>F20. Brothers/sisters</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>F21. Sexual Partner/Spouse</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>F22. Children</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>F23. Other Significant Family</td>
<td>(specify)</td>
<td></td>
</tr>
<tr>
<td>F24. Close Friends</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>F25. Neighbors</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>F26. Co-workers</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

**HINTS**

**F18-F26.** Serious problems are those that endanger the relationship.

- **PAST 30 DAYS**- If the client has not been in contact with the person in the past 30 days, or if the person is deceased, it should be coded as "N/A." Problems require contact either in person or on the phone.

- **LIFETIME**- If the client has not been in a relationship with the person during their lifetime, it should be coded as "N/A." Problems require contact either in person or on the phone.

**CODING HINTS**

- If the client has never been in contact with their mother or father, F18/F19 should be coded as N/A.
- If the person is deceased, the question should be coded as "N/A."
- If the client has never had brothers, sisters, a sexual partner, children, significant family, close friends, neighbors or co-workers (ie: they have never worked), the question should be coded as N/A.
- The term “Sexual Partner/Spouse” includes any regular, important sexual relationship.
HINTS

F27. Emotional abuse includes belittling the client, harsh verbal abuse, etc. This will generally be coded by what the client reports. It will be difficult to judge whether the abuse reported (or lack of it) would be considered abuse to another person.

F28. Include any level of physical harm inflicted on the client, regardless of the relationship to the abuser. Simple spankings or other punishments should not be counted as abuse unless they were (in the eyes of the client) extreme and unnecessary.

F29. Sexual abuse is not confined to intercourse, but should be counted if the client reports any type of unwanted/forced advances of a sexual nature by a member of either sex, including their sexual partner.

F30 - F31. Conflicts require personal (or at least telephone) contact. Stress number of days of serious conflicts (e.g., arguments, verbal abuse, etc.) with family or non-family members. Conflicts usually jeopardize the relationship with the person involved.

F32 - F33. Use the Patient Rating Scale to record the client's feelings about how bothersome any previously mentioned family or social (non-family) problems have been in the last month including any dissatisfaction, conflicts, etc., reported in the Family/Social section.

F34 - F35. Use the Patient Rating Scale - how interested would they be in receiving counseling or additional counseling for Family or Social problems. Not necessarily family therapy, could be just counseling for them to deal with their family problems. Could include anger management, counseling around trust issues, etc.

F36. Use your interviewer range. Remember your scale is 0-9; don’t use the client’s 0-4 scale! “Treatment” for family/social problems can include family counseling, anger management, building networks of sober friends, couples counseling, etc.

F37. Coding “patient misrepresentation” should not be confused with minimization or “denial”. Code ‘yes’ only if you have clear evidence that the client is falsifying information throughout the entire section.

F38. “Patient’s inability to understand” refers to an inability to complete the section due to problems of intoxication or detoxification, language barriers, or serious problems with intellectual ability such as mental retardation or head injury.
### HINTS

**P1.** Include treatment for any type of psychiatric problem while inpatient. This includes inpatient substance abuse treatment if psychiatric treatment was received while in this setting. The client does not have to be on an inpatient psychiatric unit.

**P2.** This includes any type of treatment for any type of psychiatric problem on an outpatient basis. Exclude substance abuse, employment, or family counseling (unless psychiatric treatment was received in these settings).

**P3.** This includes only pensions (money) received for support because of a psychiatric disability. Do not include medical disability here.

**P4-P7:** **PAST 30 DAYS** - Last 30 days. Not due to the biochemical effects of drug or alcohol intoxication, or withdrawal.  
**LIFETIME** - Duration at least 2 weeks. Not due to the biochemical effects of drug or alcohol intoxication, or withdrawal.

### CODING HINTS

- Serious depression usually includes hopelessness, loss of interest in daily activities, etc.
- Serious anxiety includes unreasonable tension, inability to relax, pacing, etc.
- Hallucinations include “hearing or seeing things other people don’t see or hear”.
- Trouble understanding, concentrating, or remembering includes serious difficulties with these symptoms.

**P8-P10:** **PAST 30 DAYS** and **LIFETIME** - These problems are of sufficient importance that their brief existence warrants that they be recorded even if caused by or associated with alcohol or drug use.

### CODING HINTS

- Problems with violence include violence towards people, animals, or objects.
- Problems with thoughts of suicide include any serious thoughts, especially if the client made a plan for how they would commit suicide.
- Suicide attempts include any attempt the client identifies even if you don’t think the attempt was potentially lethal.

**P11:** **PAST 30 DAYS** - Last 30 days.  
**LIFETIME** - Duration at least 2 weeks.

### CODING HINTS

- Must have been prescribed by a physician for a psychiatric or emotional problem for use. Record yes if the medication was prescribed, even if the client did not take it. Probe for name of medication, illness, etc.
<table>
<thead>
<tr>
<th>Psychological (P1-P11)</th>
<th>Psychological (P12-P20)</th>
<th>Psychological (P21-P23)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psychiatric Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P12. How many days in the past 30 have you experienced these psychological or emotional problems?</td>
<td>0-30, X</td>
<td></td>
</tr>
<tr>
<td>P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P14. How important to you now is treatment for these psychological problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>At the time of the interview is the patient:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P15. Obviously depressed/withdrawn</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>P16. Obviously hostile</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>P17. Obviously anxious/nervous</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>P18. Having trouble with reality testing, thought disorders, paranoid thinking</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>P19. Having trouble comprehending, concentrating, remembering</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>P20. Having suicidal thoughts</td>
<td>NO, YES, X</td>
<td></td>
</tr>
<tr>
<td><strong>INTERVIEWER SEVERITY RATING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P21. How would you rate the patient’s need for psychiatric/psychological treatment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CONFIDENCE RATING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this information significantly distorted by:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P22. Patient’s misrepresentation?</td>
<td>NO, YES</td>
<td></td>
</tr>
<tr>
<td>P23. Patient’s inability to understand?</td>
<td>NO, YES</td>
<td></td>
</tr>
<tr>
<td>Section Comments:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HINTS:**

P12. Record the number of days that the client has experienced the previously mentioned psychological or emotional problems. Be sure to have the client restrict his/her responses to those problems counted in questions 4 through 10.

P13. Use the patient rating scale to record the client's feelings about how bothersome any previously mentioned psychological or emotional problems have been in the last month. Include those symptoms from questions P4 through P10.

P14. Use the patient rating scale to record how interested they would be in receiving counseling or additional counseling for psychiatric or emotional problems. Not necessarily medications, could be individual or group therapy.

P15–P20. Rating is based on interviewer observations of the client. The interviewer should use clinical judgment based upon the client's behavior and answers during the interview.

**CODING HINTS**

Count only the presence of:
- P15. Overt depression or withdrawn behavior.
- P16. Overtly hostile behavior or attitude.
- P17. Obvious anxiety or nervousness.
- P18. Overt psychotic symptoms.
- P19. Serious trouble understanding, concentrating, or remembering.
- P20. Include if the client is having any type of suicidal thoughts. ***If “Yes,” please inform your supervisor***

P21. Use your interviewer range. Remember your scale is 0-9; don’t use the client’s 0-4 scale! “Treatment” for psychiatric or emotional problems can include group or individual therapy, and may not always include medications.

P22. Coding “patient misrepresentation” should not be confused with minimization or “denial”. Code ‘yes’ only if you have clear evidence that the client is falsifying information throughout the entire section.

P23. “Patient’s inability to understand” refers to an inability to complete the section due to problems of intoxication or detoxification, language barriers, or serious problems with intellectual ability such as mental retardation or head injury.
Hints For Dependence.

1. The need to use more of a substance to get “high/buzzed,” or using the same amount, but getting less of an effect indicates tolerance – this is very important for treatment because it usually means the patient has some level of physical dependence.

2. This question is asking about withdrawal symptoms - signs of physical dependence, a very important issue in deciding on a course of treatment. Probe to insure the symptoms are due to ending or reducing prolonged substance use, not a medical condition.

3. This questions looks at possible increases in the amount of a substance(s) used or an increase in the amount of time spent using substances. Probe and note the nature of the increase in substance use.

4. This question looks at assessing the patient’s inability to control the amount of substance use, it also assess’ their awareness of a need to use less or use less frequently. Probe and note what methods the patient used in trying to control or cut down their substance use.

5. This question is to assess the amount of time spent getting, using, or recovering from substance use.

6. This question is used to assess the extent to which substance use has interfered with work, family, or leisure activities, such as spending less time with family members, quitting hobbies, or working fewer hours.

7. This question assess the patient’s knowledge of mental or physical problems caused or worsened by continued use, such as worsening depression or schizophrenia, or increased problems with physical illness’ such as diabetes or hepatitis.

Hints for Abuse

1. Probe for consequences of substance use such as: repeated absences or poor work performance related to substance use; absences, suspensions or expulsions from school; neglect of family, household chores, etc.

2. Assess if the patient has used in situations that could be physically hazardous (possible activities include driving, rock climbing, working with machinery, employment in healthcare delivery, as a lifeguard, etc.) Code even if nothing adverse occurred.

3. Probe for the types of legal problems during the past year that were connected to the patient’s substance use including: property crimes to obtain money to buy drugs, possession and sale, prostitution, etc.

4. Probe for continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substances, such as arguments with family, friends, or coworkers.
## GENERAL COMMENTS
(Include question number with your notes)

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### HINTS

**G50.** This item can be coded after the interview is completed. Enter the type of the treatment the client will be referred to.

**G12.** Code:
- “Patient terminated” if the interviewer ended the interview,
- “Patient refused” if the patient ended the interview,
- “Patient unable to respond” if interview ended due to intoxication, language barrier, etc.,
- “N/A” if interview is completed.

### FINAL QUESTIONS

**G50.** Expected treatment modality most appropriate for patient:

**G12.** Special: (Code if interview not completed)

<table>
<thead>
<tr>
<th>G50</th>
<th>G12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detox (Hospital Inpatient)</td>
<td></td>
</tr>
<tr>
<td>Detox (Non-Hospital Residential)</td>
<td></td>
</tr>
<tr>
<td>Detox (Outpatient)</td>
<td></td>
</tr>
<tr>
<td>Treatment (Hospital Inpatient)</td>
<td></td>
</tr>
<tr>
<td>Treatment (Non-Hospital Residential)</td>
<td></td>
</tr>
<tr>
<td>Treatment (Outpatient)</td>
<td></td>
</tr>
<tr>
<td>Treatment (Outpatient Methadone Maintenance)</td>
<td></td>
</tr>
</tbody>
</table>

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**FINISH CLOSING YOUR ASI**  **Help**