{Module Name} Module

Addiction Severity Index Lite

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.≈

INTRODUCING THE ASI: Seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychological. All clients receive this same standard interview. All information gathered is confidential.

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

If you are uncomfortable giving an answer, then don't answer.

Please do not give inaccurate information!

INTERVIEWER INSTRUCTIONS:

- 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).
- -9 = Question not answered.
 - -8 = Question not applicable.
- Terminate interview if client misrepresents two or more sections.
- When noting comments, please write the question number.

HALF TIME RULE: If a question asks the number of months,

round up periods of 14 days or more to 1 month. Round up 6 months or more to 1

year.

CONFIDENCE RATINGS:⇒ Last two items in each section.

- ⇒ Do not over interpret.
- ⇒ Denial does not warrant misrepresentation.
- ⇒ Misrepresentation = overt contradiction in information.

Probe, cross-check and make plenty of comments!

HOLLINGSHEAD CATEGORIES:

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

LIST OF COMMONLY USED DRUGS:

Alcohol: Beer, wine, liquor Dolophine, LAAM Methadone:

Pain killers = Morphine, Diluaudid, Demerol, Opiates:

Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4,

Robitussin, Fentanyl

Barbiturates: Nembutal, Seconal, Tuinol, Amytal, Pentobarbital,

Secobarbital, Phenobarbital, Fiorinol

Benzodiazepines = Valium, Librium, Ativan, Serax Sed/Hyp/Trang:

Tranxene, Xanax, Miltown, Other = ChloralHydrate (Noctex), Quaaludes

Dalmane, Halcion Cocaine Crystal, Free-Base Cocaine or "Crack," and Cocaine:

"Rock Cocaine"

Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal

Cannabis: Marijuana, Hashish

Amphetamines:

Hallucinogens: LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote,

Green, PCP (Phencyclidine), Angel Dust, Ecstacy Nitrous Oxide, Amyl Nitrate (Whippits, Poppers), Inhalants:

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. However, if the client has been incarcerated for more than 1 year, you would only gather lifetime information, unless the client admits to significant alcohol/drug use during incarceration. This guideline only applies to the Alcohol/Drug Section.

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

{Module Name} Module

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Agen	cy Name:			Site Name:
ID #:	-			Date:/
GEN	ERAL INFORMA	<u>ATION</u>		
G4.	Date of Admission mm/dd/yyyy	/		GENERAL INFORMATION COMMENTS (Include the question number with your notes)
G5.	Date of Interview mm/dd/yyyy	//		
G8.	Class 1 - Intake	2 - Follow-up		
G9.		2 - Telephone (Intake ASI must be in person) 3 - Mail	_	
G10.	Gender 1 - Male	2 - Female		
G11.	Interviewer Code	Number		
G12.	Special 1 - Patient terminat 2 - Patient refused 3 - Patient unable t			
G14.	How long have yo address?	u lived at your current	MOS	
G16.	Date of birth mm/dd/yyyy			
G17	Of what race do you have the control of the control	6 - Hispanic-Mexican	-	
G18.	Do you have a reli	igious preference?		
	1 - Protestant 2 - Catholic 3 - Jewish	4 - Islamic 5 - Other 6 - None		
G19)	the past 30 days? 1 - No 2 - Jail/prison 3 - Alcohol or drug	4 - Medical tx 5 - Psychiatric tx		
G20)	How many days? If G19 is No, code -8.	r of days detained in the past 30 days.		

MEDICAL STATUS

M1.)*	How many times in your life have you been hospitalized for medical problems?	MEDICAL COMMENTS (Include the question number with your notes)
	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.	
Ma	Do you have any chronic medical problems which	
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.	
	Annual Ashton and a self-self-self-self-self-self-self-self-	
(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.	
	molade 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.).	
_		
	r Questions M7 & M8, ask patient to use the Patient Rating Scale	
	How troubled or bothered have you been by these medical problems in the past 30 days?	
	Restrict response to problem days in Question M6.	
(M8.)	How important to you now is treatment for these medical	
	problems? If client is currently receiving medical treatment, refer to the need for	
	additional medical treatment by the patient.	
	CONFIDENCE RATINGS	
	above information significantly distorted by:	·
(M10)	Patient's misrepresentation? 0 - No	
M11)	Patient's inability to understand? 0 - No 1 - Yes	
	0 110 1 100	

<u>EMP</u>	LOYMENT/SUPPORT STATUS	
E1.)*	GED = 12 years, note in comments. Include formal education only. YRS MOS	EMPLOYMENT/SUPPORT COMMENTS (Include the question number with your notes)
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).	
E4.)	Do you have a valid driver's license? 0 - No 1 - Yes —— Valid license; not suspended/revoked. Do you have an automobile available for use? 0 - No 1 - Yes If answer to E4 is No, then E5 must be No. Does not require ownership, only requires availability on a regular basis.	
E6.	How long was your longest full-time job? Full-time = 35+ hours weekly; does not necessarily mean most recent job. // MOS most recent job.	
E 7.)*	Usual (or last) occupation Specify Use Hollingshead Categories Reference Sheet	
E9 .	Does someone contribute to the majority of your support? 0 - No 1 - Yes	
E10.	Usual employment pattern, past 3 years? 1 - Full time (35+ hours) 5 - Military service 2 - Part time (regular hours) 6 - Retired/disability 3 - Part time (irregular hours) 7 - Unemployed 4 - Student 8 - In controlled environment Answer should represent the majority of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents the current situation.	
E11 .	How many days were you paid for working in the past 30 days? Include "under-the-table" work, paid sick days and vacation.	

EMPLOYMENT/SUPPORT STATUS (cont)

	LUTMENT/SUPPURT STATUS (COL	<u>11)</u>	
	For questions E12-E17: How much money did you receive from the the past 30 days?	e following sources in	EMPLOYMENT/SUPPORT COMMENTS (Include the question number with your notes)
E12.	Employment Net or "take home" pay, include any "under the table" money.	\$,	
E13.	Unemployment compensation	\$,	
E14	Welfare Include food stamps, transportation money provided by an agency to go to and from treatment.	\$,	
E15.	Pension, benefits or social security Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation.	\$,	
E16)	Mate, family or friends Money for personal expenses (i.e., clothing); include unreliable sources of income. Record cash payments only, include windfalls (unexpected), money from loans, legal gambling, inheritance, tax returns, etc.	\$,	
(E17)	Illegal Cash obtained from drug dealing, stealing, fencing stolen goods, illegal gambling, prostitution, etc. Do not attempt to convert drugs exchanged to a dollar value.	\$,	
E18)	How many people depend on you for the n of their food, shelter, etc.?		
	Must be regularly depending on patient; do include a include the patient or self-supporting spouse, etc.	alimony/child support, do not	
E19)	How many days have you experienced em problems in the past 30?	ployment	
	Include inability to find work, if they are actively look with present job in which that job is jeopardized.	ing for work, or problems	
For	Questions E20 & E21, ask patient to use th	e Patient Rating Scale	
E20.	How troubled or bothered have you been to employment problems in the past 30 days. If the patient has been incarcerated or detained during 30 days, they cannot have employment problems. It code -8.	? ling the past	
E21 .	How important to you now is counseling for employment problems?		
	Stress help in finding or preparing a job, not giving t	hem a job.	
Is the	CONFIDENCE RATINGS above information significantly distorted by	v:	
E23	Client's misrepresentation? 0 - No 1 - Yes	_	
E24	Client's inability to understand? 0 - No 1 - Yes		
	0-140 1-162		

ALCOHOL/DRUGS

Route of Administration Types: al 3 - Smoking 4 - Non-IV injection 1 - Oral 2 - Nasal Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.

		A. Past 30 Days	B. Lifetime (Years)	C. Route of Admin	ALCOHOL/DRUGS COMMENTS (Include the question number with your notes)
D1 .)	Alcohol (any use at all)				
D2.	Alcohol (to intoxication)		——		
D3	Heroin	——			
D4 .	Methadone				
D5	Other Opiates/Analgesics				
D6 .	Barbiturates				
D7)	Other Sedatives/Hypnotics/ Tranquilizers				
D8 .	Cocaine				
D9 .	Amphetamines			_	
(D10)	Cannabis				
(D11)	Hallucinogens				
D12)	Inhalants			_	
D13	More than one substance per day Including alcohol				
D17.	How many times have you had A Delirium Tremems (DTs): Occur 24-48 significant decrease in alcohol intake, s disorientation, fever, hallucinations, the	Alcohol D.T.' Shours after lash haking, severe	s? st drink, or		
	attention.	, accumy requir	- modioai		

ALCOHOL/DRUGS (cont)

ALC	OHOLIDROGS (COIIL)	
	How many times in your life have you been treated for:	ALCOHOL/DRUG COMMENTS
D19)*	Alcohol abuse?	(Include the question number with your notes)
(D20)*	Drug abuse?	
	Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period).	
	How many of these were detox only?	
(D21)*	Alcohol? If D19 = 0, then D21 = -8	
D22)*	Drugs? If D20 = 0, then D22 = -8	
	How much money would you say you spent during the past 30 days on:	
D23.	Alcohol? \$,	
(D24)	Drugs? \$,	
	Only count actual money spent. What is the financial burden caused by drugs/alcohol?	
D25.	How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? Include AA/NA	
Fo	r Questions D28-D31, ask patient to use the Patient Rating Scale	
10	The patient is rating the need for additional substance abuse treatment.	
	How many days in the past 30 have you experienced:	
(D26)	Alcohol problems?	
	How troubled or bothered have you been in the past 30 days by these:	
D28.	Alcohol problems?	
	How important to you now is treatment for these:	
(D30)	Alcohol problems?	
207	How many days in the past 30 have you experienced:	
(D27)	Drug problems? Include only craving, withdrawal symptoms, disturbing effects of use, or	
	wanting to stop and being unable to.	
	How troubled or bothered have you been in the past 30 days by these:	
D29)	Drug problems?	
	How important to you <i>now</i> is treatment for these:	
(D31)	Drug problems?	
	CONFIDENCE RATINGS	
Is the	above information significantly distorted by:	
D34)	Client's misrepresentation?	
D35)	0 - No 1 - Yes Client's inability to understand?	
	0 - No 1 - Yes	

LEGAL STATUS

LEG/	<u>AL STATUS</u>		
L1.	Was this admission prompted or suggested by the criminal justice system? 0 - No 1 - Yes Judge, probation/parole officer, etc.	_	LEGAL COMMENTS (Include the question number with your notes)
L2.	Are you on probation or parole? 0 - No 1 - Yes Note duration and level in comments.		
	How many times in your life have you been arrested a charged with the following:	nd	
(L3.)*	Shoplifting/Vandalism		
L4.)*	Parole/Probation Violations		
(L5.)*	Drug Charges		
(L6.)*	Forgery		
(L7.)*	Weapons Offense		
(L8.)*	Burglary/Larceny/Breaking & Entering		
L9.)*	Robbery		
L10)*	Assault		
(L11)*	Arson		
L12,*	Rape		
L13,*	Homicide/Manslaughter		
L14)*	Prostitution		
L15,*	Contempt of Court		
L16.*	Other:		
	Include total number of counts, not just convictions. Do not include juvenile (pre-age 18) crimes, unless they were tried Include formal charges only.	as an adult.	
(L17)*	How many of these charges resulted in convictions?		
	If L3-16 = 00, then Question L17 = -8. Do not include misdemeanor offenses from questions L18-20 below Convictions include fines, probation, incarcerations, suspended set guilty please, and plea bargaining.	<u>w.</u> ntences,	
	How many times in your life have you been charged w following:	ith the	
(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? If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated.	MOS	
L24.	Are you presently awaiting charges, trial, or sentence? 0 - No 1 - Yes		
L25.	What for? Refers to Question L24. Use the number of the type of crime committed: 03-16 and 18-20. If multiple charges, code most severe.	——	
L26.	How many days in the past 30 were you detained or incarcerated? Include being arrested and released on the same day.		

AL CTATUS /

LEGAL STATUS (cont)			
illegal activities for p Exclude simple drug poss	session. Include drug dealing, goods, etc. May be cross-checked		LEGAL COMMENTS (Include the question number with your notes)
For Questions L28 & L29.	ask patient to use the Patient Rating	ı Scale	
	feel your present legal problems	—	
these legal problems	or additional referral to legal counsel for	_	
COL	NFIDENCE RATINGS		
Is the above information sig			
(L31.) Client's misrepresent 0 - No 1 - Yes	tation?		
\bigcirc			
L32. Client's inability to up 0 - No 1 - Yes	nderstand?		

EAMILY/SOCIAL DELATIONSHIDS

I AW	LY/SOCIAL RELATIONSHIPS	
F1.	Marital Status 1 - Married 4 - Separated 2 - Remarried 5 - Divorced 3 - Widowed 6 - Never married Common-law marriage = 1. Specify in comments.	FAMILY/SOCIAL COMMENTS (Include the question number with your notes)
F3.	Are you satisfied with this situation? 0 - No	
F4.)*	Usual living arrangements (past 3 years)]
)	1 - With sexual partner & children 2 - With sexual partner alone 3 - With children alone 4 - With parents 5 - With family 6 - With friends 7 - Alone 8 - Controlled environment 9 - No stable arrangement	
	Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangement.	
F6 .	Are you satisfied with these arrangements? 0 - No 1 - Indifferent 2 - Yes	
	Do you live with anyone who:	1
(F7.)	Has a current alcohol problem? 0 - No 1 - Yes	
F8.	Uses non-prescribed drugs? 0 - No 1 - Yes Or abuses prescribed drugs	
		1
(F9.)	With whom do you spend most of your free time? 1 - Family 2 - Friends 3 - Alone If a girlfriend/boyfriend is considered as family by patient, then they must refer to them as family throughout this section, not a friend.	
(F10)	Are you satisfied with spending your free time this way? 0 - No 1 - Indifferent 2 - Yes A satisfied response must indicate that the person generally likes the situation. Refers to F9.	
	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	
F18.	Father	11
F20.	Brothers/Sisters	
F21.	Sexual Partner/Spouse	
F22.	Children	
F23.	Other significant family	
E24		
F24.)	Close Friends	
F25.	Neighbors	
F26.	Co-Workers "Serious problems" mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in person. If no contact, code -8.	

<u>FAM</u>	ILY/SOCIAL RELATIONSHIPS (cont)	
F28.	Has anyone ever abused you? 0 - No	FAMILY/SOCIAL COMMENTS (Include the question number with your notes)
F29.	Sexually? Force sexual advances/acts — —	
	How many days in the past 30 have you had serious conflicts:	
F30.	With your family?	
	For Questions F32 & F34, ask 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 F33 & F35, ask 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.	
<u></u>	·	
	CONFIDENCE RATINGS	
Is the	above information significantly distorted by:	
(F37.)	Client's misrepresentation?	
	0 - No 1 - Yes	
F38.	Client's inability to understand? 0 - No 1 - Yes	

PSYCHIATRIC STATUS

<u></u>	CHIATRIC STATUS		
	How many times have you been treated for any psy emotional problems:	chological or	PSYCHIATRIC STATUS COMMENTS (Include the question number with your notes)
(P1.)*	In a hospital or inpatient setting?		(metade the question number with your notes)
P2.)*	Outpatient/private patient?		
	Do not include substance abuse, employment, or family counse episode = a series of more or less continuous visits or treatmen 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 result of drug/alcohol use) in which you have: 0 - No 1 - Yes Past 30 Da	_	
P4.)	Experienced serious depression Sadness, hopelessness, loss of interest, difficulty with daily functioning		
P5.	Experienced serious anxiety or tension Uptight, unreasonably worried, inability to feel relaxed	_	
P6.	Experienced hallucinations Saw things/heard voices that others didn't see/hear		
(P7.)	Experienced trouble understanding, concentrating or remembering —		
P8.	Experienced trouble controlling violent behavior including episodes or rage or violence Patient can be under the influence of alcohol/drugs.	_	
P9.	Experienced serious thoughts of suicide Patient seriously considered a plan for taking his/ her life. Patient can be under the influence of alcohol/drugs.	_	
P10	Attempted suicide Include actual suicidal gestures or attempts. Patient can be under the influence of alcohol / drugs.	_	
(P11)	Been prescribed medication for any psychological or emotional problems Prescribed for the patient by a physician. Record "Yes" if a medication was prescribed even if the patient is not taking it.	_	
P12)	How many days in the past 30 have you experienced these psychological or emotional problems? Refers to problems noted in Questions P4-P10.	<u> </u>	
For	Questions P13 & P14, ask the patient to use the Patient	t Rating Scale	
P13)	How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days? Patient should be rating the problem days from Question P12.	_	
P14.	How important to you now is treatment for these psychological problems?	_	
	CONFIDENCE RATINGS		
Is the	above information significantly distorted by:		
P22)	Client's misrepresentation? 0 - No 1 - Yes	—	
P23)	Client's inability to understand? 0 - No 1 - Yes		