{Module Name} Module

Addiction Severity Index - 5th Edition

Clinical/Training Version

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Remember: This is an interview, not a test

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

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

There are two time periods we will discuss:

- 1. The past 30 days
- 2. Lifetime

Patient Rating Scale: Patient input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you for the area being discussed.

The scale is:

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

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

Please try not give inaccurate information!

INTERVIEWER INSTRUCTIONS:

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

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

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
- Unskilled (attendant, janitor, construction helper, unspecified labor, porter, including unemployed).

LIST OF COMMONLY USED DRUGS:

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

Opiates: Pain killers = Morphine, Diluaudid, Demerol,

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

Robitussin, Fentanyl

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

Secobarbital, Phenobarbital, Fiorinol

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

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, Amphetamines:

Preludin, Methamphetamine, Speed, Ice, Crystal

Marijuana, Hashish Cannabis:

Inhalants:

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

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

Glue, Solvents, Gasoline, Toluene, Etc.

Just note if these are used: Antidepressants,

Ulcer Meds = Zantac, Tagamet

Asthma Meds = Ventoline Inhaler, Theodur Other Meds = Antipsychotics, Lithium

ALCOHOL/DRUG USE INSTRUCTIONS:

The following questions refer to two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days.

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

{Module Name} Module

Addiction Severity Index - 5th Edition Clinical/Training Version

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Agen	cy Name:			Site Name	e:		
				Date:	_/	_/	-
GEN	ERAL INFORMATION						
G1.	ID Number			GENER	AL INF	ORMATION	COMMENTS
G4.	Date of Admission mm/dd/yyyy	//				estion number wit	
G5.	Date of Interview mm/dd/yyyy	'	-				
G6.	Time Begun Use 24 hr clock; code hours:minute	es:_					
G7.	Time Ended Use 24 hr clock; code hours:minute	es HRS:	MINS -				
G8.	Class 1 - Intake 2 - Follow-u	ıp	$-\parallel$				
G9.	Contact Code 1 - In person 2 - Telepho	ne (Intake ASI must be in person)	$-\parallel$				
G10.	Gender 1 - Male 2 - Female		- -				_
G99.	Treatment Episode Number						
G11.	Interviewer Code Number						
G12.	Special 1 - Patient terminated 2 - Patient refused 3 - Patient unable to respond						
G14.	How long have you lived at y address?		MOS				
G15.	Is this residence owned by you 0 - No 1 - Yes	u or your family?	-				
G16.	Date of birth mm/dd/yyyy	//					
G17	Of what race do you conside	r yourself?					
	1 - White (not Hisp) 2 - Black (not Hisp)	5 - Asian/Pacific 6 - Hispanic-Mexican					
	3 - American Indian4 - Alaskan Native	7 - Hispanic-Puerto Rican 8 - Hispanic-Cuban					
		9 - Unknown					
G18.	Do you have a religious prefe		— —				
	1 - Protestant	4 - Islamic					
	2 - Catholic 3 - Jewish	5 - Other 6 - None					
G19 .	Have you been in a controlle the past 30 days?						
	1 - No	4 - Medical tx					
	2 - Jail/prison	5 - Psychiatric tx					
	3 - Alcohol or drug tx	6 - Other					
	A place, theoretically, without acc	ess to drugs/alcohol.					
G20.)	How many days? If G19 is No, code -8. Refers to total number of days deta	——ained in the past 30 days.					

DICAL STATUS

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.	(morade the question name). With your notes)
M2. How long ago was your last hospitalization for a physical problem? If no hospitalizations in Question M1, then code -8 / -8.	
M3. Do you have any chronic medical problems which continue to interfere with your life? 0 - No 1 - Yes If Yes, specify in comments. A chronic medical condition is a serious physical condition that requires regular care (i.e., medication, dietary restriction) preventing full advantage of their abilities.	
M4. Are you taking any prescribed medication on a regular basis for a physical problem? 0 - No 1 - Yes If Yes, specify in comments. Medication prescribed by a MD for medical conditions; not psychiatric medicines. Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems.	
M5. Do you receive a pension for a physical disability? 0 - No 1 - Yes — If Yes, specify in comments. Include Workers' compensation, exclude psychiatric disability.	
M6. How many days have you experienced medical problems in the past 30 days? Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.).	
For Questions M7 & M8, ask patient to use the Patient Rating Scale (M7.) How troubled or bothered have you been by these medical problems in the past 30 days? Restrict response to problem days in Question M6. (M8.) How important to you now is treatment for these medical problems? If client is currently receiving medical treatment, refer to the need for	
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	

EMPLOYMENT/SUPPORT STATUS	
E1. * Education completed GED = 12 years, note in comments. Include formal education only. YRS MOS	EMPLOYMENT/SUPPORT COMMENTS (Include the question number with your notes)
* 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).	
E3. Do you have a profession, trade, or skill? 0 - No 1 - Yes — Employable, transferable skill acquired through training. If Yes, specify:	
E4. Do you have a valid driver's license? 0 - No 1 - Yes Valid license; not suspended/revoked. E5. Do you have an automobile available for use? 0 - No 1 - Yes If answer to E4 is No, then E5 must be No. Does not require ownership, only requires availability on a regular basis.	
E6. How long was your longest full-time job? Full-time = 35+ hours weekly; does not necessarily mean most recent job.	
* Usual (or last) occupation Specify Use Hollingshead Categories Reference Sheet	
E8. Does someone contribute to your support in any way? 0 - No 1 - Yes Is patient receiving any regular support (i.e., cash, food, housing) from family/ friend. Include spouse's contribution; exclude support by an institution. E9. Does this support constitute the majority of your support? 0 - No 1 - Yes If E8 is No, then E9 is -8.	
E10. Usual employment pattern, past 3 years? 1 - Full time (35+ hours) 5 - Military service 2 - Part time (regular hours) 6 - Retired/disability 3 - Part time (irregular hours) 7 - Unemployed 4 - Student 8 - In controlled environment Answer should represent the majority of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents the current situation.	
How many days were you paid for working in the past 30 days? Include "under-the-table" work, paid sick days and vacation.	

DI OVMENT/CUDDODT CTATUS /

<u>EMP</u>	<u>'LOYMENT/SUPPORT STATUS (coi</u>	<u>nt)</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 nof their food, shelter, etc.? Must be regularly depending on patient; do include a		
	include the patient or self-supporting spouse, etc.	ашпопуссина ѕирроп, ао пос	
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 be 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 femployment problems? Stress help in finding or preparing a job, not giving to		
	INTERVIEWER SEVERITY RA	TING	
E22.	How would you rate the patient's need for employment counseling?		
	CONFIDENCE RATINGS		
Is the	above information significantly distorted b Client's misrepresentation?	y: 	
E24)	0 - No 1 - Yes Client's inability to understand?		
	0 - No 1 - Yes		

ALCOHOL/DRUGS

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

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

		A. Past 30 Days	B. Lifetime (Years)	C. Route of Admin	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				
D14)	According to the interviewer, whethe major problem? Interviewer should determine the major Code the number next to the drug in quericon 10 = no problem 15 = alcohol & one or more drugs 16 = more than one drugs but no alcohol Ask patient when not clear.	drug or drugs estions D1-D1	of abuse.		
D15.	How long was your last period abstinence from this major sub. Last attempt of at least one month, no hospitalization/incarceration do not cornaltrexone use during abstinence of 00 = never abstinent	ostance? It necessarily thount. Periods	ne longest. Pe		
D16.	How many months ago did this If D15 = 0, then D16 = -8, 00 = Still ab	abstinence estinent	end?	MOS	

ALC	OHOL/DRUGS (cont)		
D17)*	How many times have you had Alcohol D.T.'s? Delirium Tremems (DTs): Occur 24-48 hours after last drink, or significant decrease in alcohol intake, shaking, severe disorientation, fever, hallucinations, they usually require medical attention.		ALCOHOL/DRUG COMMENTS (Include the question number with your notes)
D18)*	How many times have you overdosed on drugs? Overdoses (OD): Require requires intervention by someone to recover, not simply sleeping it off, include suicide attempts by OD.		
	How many times in your life have you been treated for:		
D19*	Alcohol abuse?		
(D20)*	Drug abuse?		
	Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period).		
	How many of these were detox only?		
(D21)*	Alcohol? If D19 = 0, then D21 = -8	——	
D22)*	Drugs? If D20 = 0, then D22 = -8		
	How much money would you say you spent during the days on:	past 30	
D23	Alcohol? \$,		
(D24)	Drugs? \$.		
	Only count actual money spent. What is the financial burden cause drugs/alcohol?	ed by	
D25.	How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? Include AA/NA		
Dac	How many days in the past 30 have you experienced:		
D26)	Alcohol problems?		
(D27)	Drug problems? Include craving, withdrawal symptoms, disturbing effects of use, or w stop and being unable to.	vanting to	
For		og Coole	
For	Questions D28 - D31, ask patient to use the Patient Ratin How troubled or bothered have you been in the past 30 of these:		
D28)	Alcohol problems		
D29)	Drug problems		
	How important to you now is treatment for these:		
D30	Alcohol problems		
D31)	Drug problems		
	INTERVIEWER SEVERITY RATING		<u> </u>
How	would you rate the patient's need for treatment for:		
D32.	Alcohol problems		
D33.	Drug problems		
	CONFIDENCE RATINGS		
	above information significantly distorted by:		
D34.)	Client's misrepresentation? 0 - No 1 - Yes		<u> </u>
(D35)	Client's inability to understand? 0 - No 1 - Yes	_	

LEG/	AL STATUS		
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 an charged with the following?	d	
(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. <u>Do not include misdemeanor offenses from questions L18-20 below</u>		
	Convictions include fines, probation, incarcerations, suspended seni guilty please, and plea bargaining.	tences,	
	How many times in your life have you been charged wir following:	th 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.	MOS	
	List total number of months incarcerated.		
L22.	How long was your <u>last</u> incarceration? <u>Of 2 weeks or more</u> . Code -8 if never incarcerated.	MOS	
L23.	What was it for? Use codes 03–16, 18–20 If multiple charges, code most severe.Code -8 if never incarcerated.		
(L24)	Are you presently awaiting charges, trial, or sentence? 0 - No 1 - Yes		
(25)	What for? Refers to Question L24. Use the number of the type of crime committed: 03-16 and 18-20. If multiple charges, code most severe		

LEGAL STATUS (cont) How many days in the past 30 were you detained or LEGAL COMMENTS incarcerated? (Include the question number with your notes) Include being arrested and released on the same day. (L27.) How many days in the past 30 have you engaged in illegal activities for profit? Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross-checked with E17 under Employment section. For Questions L28 & L29, ask patient to use the Patient Rating Scale (L28.) How serious do you feel your present legal problems are? Exclude civil problems. (L29.) How important to you now is counseling or referral for these legal problems? Patient is rating a need for additional referral to legal counsel for defense against criminal charges. INTERVIEWER SEVERITY RATING L30. How would you rate the patient's need for legal services or counseling? **CONFIDENCE RATINGS** Is the above information significantly distorted by: (L31.) Client's misrepresentation? 0 - No 1 - Yes **Ĺ32**.) Client's inability to understand? 1 - Yes 0 - No

FAMILY HISTORY

Mother's Side

Grandmother

Alc

Drug

Psych

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

- 0 Clearly NO for all relatives in the category
- 1 Clearly YES for any relative within category
- -9 Uncertain or don't know

Grandmother

-8 - Never was a relative

Father's Side

H6.

In cases where there is more than one person for a category, record the occurrence of problems for <u>any</u> in that group.

Accept the patient's judgment on these questions.

Alc

Drug

Psych

<u>Siblings</u>

H11. Brother

Alc

Drug

Psych

H2.	Grandfather	 		H7.	Grandfather				H12. Sister
Н3.	Mother	 		H8.	Father				
H4.	Aunt	 		Н9.	Aunt				
H5.	Uncle	 		H10.	Uncle				
									-
<u> </u>					EAMILY III	EODY A	COMP.	ENTEG	
					FAMILY HIST (Include the question	on number	r with you	ENTS r notes)	

FAMILY/SOCIAL RELATIONSHIPS

<u> FAIVII</u>	LY/SUCIAL 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)
F2.	How long have you been in this marital status? Refers to F1. If never married, then since age 18. YRS MOS	
F3 .	Are you satisfied with this situation? 0 - No	
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. Code years and months living in arrangements from F4.	
F6 .	Are you satisfied with these arrangements? 0 - No 1 - Indifferent 2 - Yes	
	Do you live with anyone who:	
F7.	Has a current alcohol problem? 0 - No 1 - Yes	
F8.	Uses non-prescribed drugs? 0 - No 1 - Yes Or abuses prescribed drugs	
F9 .	With whom do you spend most of your free time? 1 - Family 2 - Friends 3 - Alone — If a girlfriend/boyfriend is considered as family by patient, then they must refer to them as family throughout this section, not a friend.	
(F10)	Are you satisfied with spending your free time this way? 0 - No	
(F11.)	How many close friends do you have? Stress that you mean close. Exclude family members. These are "reciprocal" relationships or mutually supportive relationships.	
	Would you say you have had a close reciprocal relationship with any of the following people:	
F12.	Mother	
F13.	Father	
F14.	Brothers/Sisters	
F15.	Sexual Partner/Spouse	
F16.	Children	
F17.	Friends 0 - Clearly NO for all in class 1 - Clearly YES for any in class By reciprocal, you mean "that you would do anything you could to help them out and vice versa."	

FAMILY/SOCIAL RELATIONSHIPS (cont)

	Have you had significant periods in which you have exserious problems getting along with: 0 - No 1 - Yes Past 30 Days)	kperienced In Your Life	FAMILY/SOCIAL COMMENTS (Include the question number with your notes)
(F18.)	Mother	III Your Life	
F19.	Father		
(F20.)	Brothers/Sisters		
F21.)	Sexual Partner/Spouse		
F22.	Children		
F23.	Other significant family Specify:	_	
F24.)	Close Friends		
F25.	Neighbors		
F26.	Co-Workers		
	"Serious problems" mean those that endangered the relationship. A "problem" requires contact of some sort, either by telephone or in If no contact, code -8.	n person.	
	Has anyone ever abused you?		
F27.	0 - No 1 - Yes Past 30 Days Emotionally? Make you feel bad through harsh words	In Your Life	
F28.	Physically? Caused you physical harm		
F29.	Sexually? Force sexual advances/acts —		
How r	nany days in the past 30 have you had serious conflicts		
F30.)	With your family?		
F31.	With other people? (excluding family)		
	The second formation of the second se		1
For	Questions F32 - F35, ask patient to use the Patient Ratio	ng Scale	
	How troubled or bothered have you been in the past 30	0 days by:	
(F32)	Family problems		
(F33)	Social problems		
	How important to you now is treatment or counseling	for these:	
(F34)	Family problems Patient is rating his/her need for counseling for family problems, not whether they would be willing to attend.		
F35	Social problems Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems.		
	INTERVIEWER SEVERITY RATING		
F36.	How would you rate the patient's need for family and/ or social counseling?		
	CONFIDENCE RATINGS		
Is the	above information significantly distorted by:		
F37)	Client's misrepresentation? 0 - No 1 - Yes		
F38.	Client's inability to understand? 0 - No 1 - Yes		

PSYCHIATRIC STATUS

<u> </u>	CHIATRIO STATOS			
	How many times have you been treated for an emotional problems:	y psycholo	ogical or	PSYCHIATRIC STATUS COMMENTS (Include the question number with your notes)
(P1.)*	In a hospital or inpatient setting?			(
P2. *	Outpatient/private patient?			
	Do not include substance abuse, employment, or family episode = a series of more or less continuous visits or tr number of visits or treatment days. Enter diagnosis in comments if known.			
P3.)	Do you receive a pension for a psychiatric dis 0 - No 1 - Yes	ability?		
	Have you had a significant period of time (that result of drug/alcohol use) in which you have: 0 - No 1 - Yes		direct In Your Life	
(P4.)	Experienced serious depression Sadness, hopelessness, loss of interest, difficulty with daily functioning		_	
(P5.)	Experienced serious anxiety or tension Uptight, unreasonably worried, inability to feel relaxed	_		
(P6.)	Experienced hallucinations Saw things/heard voices that others didn't see/hear			
P7.	Experienced trouble understanding, concentrating or remembering			
P8.	Experienced trouble controlling violent behavior including episodes or rage or violence Patient can be under the influence of alcohol/drugs.	_	_	
P9 .	Experienced serious thoughts of suicide Patient seriously considered a plan for taking his/ her life. Patient can be under the influence of alcohol/drugs.	_	_	
P10	Attempted suicide Include actual suicidal gestures or attempts. Patient can be under the influence of alcohol / drugs.		_	
(P11)	Been prescribed medication for any psychological or emotional problems Prescribed for the patient by a physician. Record "Yes" if a medication was prescribed even if the patient is not taking it.	_	_	
P12)	How many days in the past 30 have you experithese psychological or emotional problems? Refers to problems noted in Questions P4-P10.	enced		
For	Questions P13 & P14, ask the patient to use the F	Patient Rati	ng Scale	
P13)	How much have you been troubled or bothered these psychological or emotional problems in past 30 days? Patient should be rating the problem days from Question	the		
P14.)	How important to you now is treatment for the psychological problems?	se		

<u>PSYC</u>	CHIATRIC STATUS (cont)		
	The following items are to be completed by the intervie	ewer:	PSYCHIATRIC STATUS COMMENTS
A	At the time of the interview, the patient was: 0 - No	1 - Yes	(Include the question number with your notes)
P15. 0	Obviously depressed/withdrawn		
P16. (Obviously hostile		
P17) (Obviously anxious/nervous		
P18. H	Having trouble with reality testing, thought disorders, paranoid thinking		
P19. H	Having trouble comprehending, concentrating, remembering	_	
P20, H	Having suicidal thoughts		
P21. H	INTERVIEWER SEVERITY RATING How would you rate the patient's need for psychiatric/ psychological treatment?	_	
	CONFIDENCE RATINGS		
Is the a	above information significantly distorted by:		
P22, 0	Client's misrepresentation?		
\sim	O-No 1-Yes		
(P23) (Client's inability to understand?) - No 1 - Yes		
			I and the second

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