

ADDICTION SEVERITY INDEX REFERENCE

GENERAL PROCEDURES

The ASI Form is completed for each client admitted or readmitted after one year into a treatment program with the intention of recording a client's progress and outcomes. Demographic data reported on this form may provide important information early on that will be relevant to treatment care planning.

The Addiction Severity Index (ASI) is one of the most widely used tools for the assessment of substance use-related problems. Clinicians all over the world use the ASI to get a better understanding of their client's treatment needs and outcomes. While many people use the ASI as an instrument for monitoring progress and outcomes, it can also be used to develop **treatment plans**. The purpose of these instructions is to help you collect the information from the client for input into SAMS.

ADDICTION SEVERITY INDEX DATA

GENERAL INFORMATION

Demographic data reported in this section may provide important information early on that will be relevant to treatment care planning. Does the client report gender or cultural (G17) issues that may affect participation in treatment? Does the client's age present special considerations, i.e., medical, employment or housing problems? If the client reports hospitalization, incarceration, psychiatric or substance abuse treatment in the past 30 days (G19/G20), are follow-up services needed?

G2. SSN – Last 4 digits of client's Social Security Number. This will be displayed from the information that was provided during the admission process. It can be changed; however, you should also take the steps necessary to change the SSN for the client. This is a required field.

G4. DATE OF ADMISSION - This is also displayed from the date indicated on the Admission form. It is not input capable.

G5. DATE OF INTERVIEW - Enter the date the interview was started. There are eight spaces for the month, day and year. All spaces **must** be completed. This is a required field.

EXAMPLE: If the current date is June 22, 2008, you would enter: 06/22/2008.

G6. TIME BEGUN - This is the time of day that the interview was started. It is in HH:MM format. Enter the time followed by an A or a P for morning and afternoon. For example, if the ASI was started at 1:00 p.m., enter 1:00 p in the time begun field.

G7. TIME ENDED - This is the time of day that the interview ended. Use the same rules for input as for the time begun.

G8. ASI CLASS/TYPE - Enter one of the following codes to indicate the ASI class:

- 1 - Intake
- 2 - Discharge
- 3 - Follow-up

ADDICTION SEVERITY INDEX REFERENCE

G9. CONTACT CODE - The Admission ASI must be in person. Discharge may be conducted by telephone. Enter one of the following codes to indicate the type of client contact:

- 1 - In Person
- 2 - Telephone

G10. GENDER - Enter one of the following codes:

- 1 - Male
- 2 - Female

G11. INTERVIEWER'S CODE NUMBER - Enter the initials of the interviewer (3 characters).

G12. SPECIAL - This is a disposition number that is to be used if the client is unable to finish. The ASI is not required at this time but will be in the future. In order to proceed with the admission, a temporary bypass value has been added to the list of valid values. The Other Pgm. Referral code is to be used for clients who had an ASI at another State Approved program before they were transferred to you. Make sure that the Agency Referral code is Other MT Alcohol and Drug Treatment Program. Use one of the following values.

- 1. Patient terminated
- 2. Patient refused
- 3. Patient unable to respond
- 4. Other Pgm. Referral

G13. GEOGRAPHIC CODE – Montana uses the Federal Information Processing Standards (FIPS) Code for Geographical Areas. Appendix A contains a complete list of the Montana counties with their FIPS Code. Type the appropriate FIPS code for the client's address county.

G14. HOW LONG HAVE YOU LIVED AT THIS ADDRESS? - Enter the length of time the client has lived at his/her current address in the format YY MM for years and months. Anything over 14 days should be considered an additional month and anything over 5 months should be considered an additional year.

G15. IS THE RESIDENCE OWNED BY YOU OR YOUR FAMILY? - Enter one of the following codes to indicate home ownership:

- 0 - No
- 1 - Yes
- 3. Not answered
- 4. Not applicable

ADDICTION SEVERITY INDEX REFERENCE

G17. RACE - Enter one of the following codes to indicate client race. Don't assume, ask client.

- 1 - White (not of Hispanic Origin)
- 2 - Black (not of Hispanic Origin)
- 3 - American Indian
- 4 - Alaskan Native
- 5 - Asian or Pacific Islander
- 6 - Hispanic – Mexican
- 7 - Hispanic – Puerto Rican
- 8 - Hispanic – Cuban
- 9 - Other Hispanic
10. Not answered
11. Not applicable

G18. RELIGIOUS PREFERENCE - Enter one of the following codes to indicate **current** religious preference:

- 1 - Protestant: all Christian groups except Catholic and Orthodox.
- 2 - Catholic: Catholic and Orthodox.
- 3 - Jewish
- 4 - Islamic
- 5 - Other
- 6 – None
10. Not answered
11. Not applicable

The intent of G19 and G20 is to record whether or not the patient has had restricted access to drugs or alcohol in the past 30 days. A controlled environment will refer to a living situation in which the subject was restricted in his freedom of movement and his access to alcohol and drugs. This usually means a residential status in a treatment setting or penal institution. A halfway house is generally NOT a controlled environment.

G19. HAVE YOU BEEN IN A CONTROLLED ENVIRONMENT IN THE PAST 30 DAYS? This is a required field and will be asked again at follow-up. Ask if they could access drugs while in prison or a hospital. If 2 environments, enter the longest; if equal enter the most recent. Enter one of the following codes:

- 1 - No
- 2 - Jail
- 3 - Alcohol or drug treatment
- 4 - Medical treatment
- 5 - Psychiatric treatment
- 6 - Other
10. Not answered
11. Not applicable

ADDICTION SEVERITY INDEX REFERENCE

G20. HOW MANY DAYS? - Enter the total number of days the client was in a controlled environment in the past 30 days. If the client was in more than one environment, total the number of days for all of them. This field is required if the answer to the previous question is anything other than "No".

G21. ADDITIONAL TEST RESULTS - This section allows you to enter test results from various other addiction screening tools. Nothing is required. The Shipley CQ, Shipley IQ, Beck, SCL-90, and MAST tests results have to be input as numbers. Lines are provided enter name of the test results in numeric format.

G50. EXPECTED TREATMENT MODALITY MOST APPROPRIATE FOR CLIENT - Enter one of the following codes to indicate the type of care that will be most appropriate for this client:

- 1 - Inpatient/Residential
- 2 - Intensive outpatient
- 3 - Outpatient
- 4 - Methadone maintenance
- 5 - No treatment needed
- 6 - Detox (Hospital inpatient)
- 7 - Detox (Non-hospital residential)
- 8 - Detox (Outpatient)
- 9 - Treatment (Hospital inpatient)
- 10 - Treatment (Non-hospital)
- 11 - Treatment (Outpatient)
- 12 - Treatment (Outpatient Meth)
- 13 - Not answered

ADDICTION SEVERITY INDEX REFERENCE

MEDICAL STATUS

Medical elements can also help in the development of treatment plans. M3 indicates chronic medical problems that require ongoing care or daily monitoring, such as asthma, diabetes, high blood pressure. M4 reflects prescribed medications for the client. Additional questions might be is the client is taking the medications as prescribed and does the prescription need to be re-evaluated by a physician. M6 asks the client about how many days they have had medical problems in the last 30 days. Further questioning could find out what symptoms the client experienced and if the client has chronic pain that needs to be evaluated. M7 asks how troubled the client is by the medical problems and M8 asks how important treatment for the medical problem(s) is to the client.

M1. HOW MANY TIMES IN YOUR LIFE HAVE YOU BEEN HOSPITALIZED FOR MEDICAL PROBLEMS? - Enter the number of times the client has been hospitalized overnight. Include overdoses, delirium tremors and C-sections, but exclude detoxification, alcohol/drug, psychiatric treatment and childbirth (if no complications) Enter only overnight hospitalizations, not ER visits. Enter reason for hospitalizations and dates in comments if possible. This is a lifetime count of hospitalizations and is a required field. Type the number of times the client has been hospitalized.

M2. HOW LONG AGO WAS YOUR LAST HOSPITALIZATION FOR A PHYSICAL PROBLEM? - Enter the length of time the client was last hospitalized in the format YY MM for years and months. If no hospitalizations in Question M1 enter “NN NN”

M3. DO YOU HAVE ANY CHRONIC MEDICAL PROBLEMS WITH CONTINUE TO INTERFERE WITH YOUR LIFE? - A chronic medical condition is a serious physical condition that requires regular care (i.e. medication or dietary restrictions). Enter one of the following codes:

- 0 - No
- 1 - Yes

M4. ARE YOU TAKING ANY PRESCRIBED MEDICATION ON A REGULAR BASIS FOR A PHYSICAL PROBLEM? - This is a required field. Exclude psychiatric medicines. Include medicines prescribed regardless if the client is currently taking them. Enter one of the following codes:

- 0 - No
- 1 - Yes

M5. DO YOU RECEIVE A PENSION FOR A PHYSICAL DISABILITY? - Exclude psychiatric disability. This is a required field. Enter one of the following codes. If the client responds yes, ask them to specify the type of pension and enter that answer in comments.

- 0 - No
- 1 - Yes

ADDICTION SEVERITY INDEX REFERENCE

M6. HOW MANY DAYS HAVE YOU EXPERIENCED MEDICAL PROBLEMS IN THE LAST 30 DAYS? - This is a required field. Include colds, flu or any other medical problem, not just chronic. Also include serious ailments related to alcohol/drugs which would continue even if the patient were abstinent (cirrhosis of liver, abscesses from needles). Enter total number of days the client experienced medical problems in the past 30 days.

The intent of M7 and M8 are to record the patient's feelings about how bothersome the previously mentioned physical ailments have been in the last month and how interested they would be in receiving (additional) treatment. Be sure to have the patient restrict his/her responses to those problems counted in M6.

M7. HOW TROUBLED OR BOTHERED HAVE YOU BEEN BY THESE MEDICAL PROBLEMS IN THE PAST 30 DAYS? - This is a required field. Enter one of the following codes:

- 0 - Not at all
- 1 - A little
- 2 - Fair amount
- 3 - Very much
- 4 - Extremely/always

M8. HOW IMPORTANT TO YOU IS TREATMENT FOR THESE MEDICAL PROBLEMS? -

This is a required field. Enter one of the following codes:

- 0 - Not at all
- 1 - A little
- 2 - Fair amount
- 3 - Very much
- 4 - Extremely/always

M9. HOW WOULD YOU RATE THE CLIENT'S NEED FOR MEDICAL TREATMENT? This is a required field used to reflect your assessment of the client's need. Valid values are 0 to 9 with 0 being the lowest and 9 being the highest.

M10. CLIENT'S MISREPRESENTATION? - This is a required field and reflects your assessment of the client's truthfulness in his/her answers to the preceding medical questions. Answer "Yes" if you feel that the majority of the client's answers are untruthful. Enter one of the following codes:

- 0 - No, the client is not misrepresenting
- 1 - Yes, the client is misrepresenting.

M11. CLIENT'S INABILITY TO UNDERSTAND? - This is a required field and reflects your assessment as to whether or not client had trouble understanding the previous medical questions, Record "Yes" if you feel the client was unable to understand the majority of the preceding medical questions. Enter one of the following codes:

- 0 - No, the client does understand
- 1 - Yes, the client is does not understand.

MEDICAL COMMENTS – Make sure to include question number with notes.

ADDICTION SEVERITY INDEX REFERENCE

EMPLOYMENT/SUPPORT STATUS

Education and support data are important to any treatment plan. E1-3 asks about the client's current level of education. E4-5 are important considerations if the client does not have access to public transportation for employment or if the client is seeking employment that requires driving. Look at the client's work history and usual employment for the past three years (E6, E7, and E10). Items E8 and E9 are an indication of the client's ability to maintain self-sufficiency. E18 asks about the client's responsibility to his/her family and E12-17 gathers information about the client's income. E19 to E21 asks how many days the client has had employment problems in the last 30 days then asks him/her to rate how troubled they are by these problems and how important it is for them to receive help with employment problems.

E1. EDUCATION COMPLETED. - Enter the highest academic school level completed at the time of the ASI. in the format YY MM for years and months. Use 12 for GED, 16 for Bachelor's, 18 for Masters and 20 for Doctorate. Include formal education only.

E2. TRAINING OR TECHNICAL EDUCATION COMPLETED - Indicate the number of months the client has completed in any training or technical education programs. Include formal/organized training only. For military training, include only training that can be used in civilian life (e.g., electronics, computers).

E3. DO YOU HAVE A PROFESSION, TRADE OR SKILL? - Enter one of the following codes. If you answer yes, use the Please Specify box to record the details of the profession, trade or skill. Include only employable, transferable skills acquired through training.

- 0 - No
- 1 - Yes (specify)

E4. DO YOU HAVE A VALID DRIVER'S LICENSE? - Enter one of the following codes. A valid license is one that is not suspended or revoked. Can be out-of-state.

- 0 - No
- 1 - Yes

E5. DO YOU HAVE AN AUTOMOBILE AVAILABLE FOR USE? - Answer "No" if the client has no valid driver's license. Answer "Yes" if the client does not own a car but has one available for use. Enter one of the following codes.

- 0 - No
- 1 - Yes

E6. HOW LONG WAS YOUR LONGEST FULL-TIME JOB? - Record the number of years and/or months the client was employed full-time for the job that he/she held for the longest time. Use the format YY MM for years and months.

E7. USUAL (OR LAST) OCCUPATION (SPECIFY IN DETAIL). - Specify the client's current or last job and record that information in this area. This does not necessarily mean their most recent job.

1. Higher execs, major professionals, owners of large businesses.
2. Business managers if medium sized businesses, lesser professionals, i.e., nurses, opticians, pharmacists, social workers, teachers.

ADDICTION SEVERITY INDEX REFERENCE

3. Administrative personnel, managers, minor professionals, owners/proprietors of small businesses, i.e., bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, report, travel agent.
4. Clerical and sales, technicians, small businesses (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary).
5. Skilled manual – usually having had training (baker, barber, brakeperson, chef, electrician, fireman, machinist, mechanic, paperhanger, painter, repair person, tailor, welder, police, plumber).
6. Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator).
7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter, including unemployed).
8. Homemaker
9. Student, disabled, no occupation.

E8. DOES SOMEONE CONTRIBUTE TO YOUR SUPPORT IN ANY WAY? If the client is receiving any regular support like cash, food, or housing from family or friends enter “Yes”. Include the spouse’s contribution to his/her support. Enter one of the following codes.

- 0 - No
- 1 - Yes

E9. DO THE CONTRIBUTIONS RECEIVED CONSTITUTE THE MAJORITY OF YOUR SUPPORT? If the answer to the previous question is “Yes”, this question must be answered. Getting room and board usually constitutes majority of support. Enter one of the following codes.

- 0 - No
- 1 - Yes

E10. USUAL EMPLOYMENT PATTERN, PAST 3 YEARS. - Client response should represent the majority of the last 3 years not just the most recent situation. If there are equal times for more than one category, select that which most represents the current situation. Enter one of the following codes.

- 1 - Full time
- 2 - Part time (regular hours)
- 3 - Part time (irregular hours)
- 4 - Student
- 5 - Service
- 6 - Retired/Disabled
- 7 - Unemployed
- 8 - Controlled Environment

E11. HOW MANY DAYS WERE YOU PAID FOR WORKING IN THE PAST 30? - Include “under the table” work, paid sick days, and vacation. Valid values are from 0 to 30.

E12-E17. HOW MUCH MONEY DID YOU RECEIVE FROM THE FOLLOWING SOURCES IN THE PAST 30 DAYS? Valid values are 0 to 30.

E12. Employment - This is net or “take home” pay and includes any “under the table money”.

ADDICTION SEVERITY INDEX REFERENCE

E13. Unemployment compensation. - Ask even if client is employed.

E14. DPA. - Includes welfare, food stamps, and transportation money.

E15. Pension, benefits or social security. - Include disability, pensions, retirement, veteran's benefits, SSI, and worker's compensation.

E16. Mate, family, or friends (money for personal expenses) - Includes money for clothing and unreliable sources of income. Include any one-time income here. Record cash payments only, including money from windfalls, loans, legal gambling, tax returns, etc.

E17. Illegal - Include information on money obtained from drug dealing, stealing, fencing stolen goods, illegal gambling, and prostitution.

E18. HOW MANY PEOPLE DEPEND ON YOU FOR THE MAJORITY OF THEIR FOOD, SHELTER, ETC.? - The support must be regular such as alimony/child support, but do not include the client or a self-support spouse.

E19. HOW MANY DAYS HAVE YOU EXPERIENCED EMPLOYMENT PROBLEMS IN THE PAST 30? - Include inability to find work if the client was actively seeking employment. Also include days there were problems at the current job if that job is jeopardized.

E20. HOW TROUBLED OR BOTHERED HAVE YOU BEEN BY THESE EMPLOYMENT PROBLEMS IN THE PAST 30 DAYS? - Answer this question only if the response to question E19 was greater than 0. If the client was incarcerated, do not count those days. Enter one of the following codes:

- 1 - Not at all
- 2 - Slightly
- 3 - Moderately
- 4 - Considerably
- 5 - Extremely
- 6 - Question not answered
- 7 - Question not applicable

E21. HOW IMPORTANT TO YOU NOW IS COUNSELING FOR THESE EMPLOYMENT PROBLEMS? - Answer this question only if the response to question E19 was greater than 0. Stress that you are talking about help finding or preparing for a job, not actually giving them a job. Enter one of the following codes:

- 1 - Not at all
- 2 - Slightly
- 3 - Moderately
- 4 - Considerably
- 5 - Extremely
- 6 - Question not answered
- 7 - Question not applicable

E22. HOW IMPORTANT WOULD YOU RATE THE CLIENT'S NEED FOR EMPLOYMENT COUNSELING? - This is a required field and reflects your assessment as to the importance of employment counseling for the client. Valid values are 0 to 9 where 0 is the lowest and 9 is the highest.

ADDICTION SEVERITY INDEX REFERENCE

E23. IS THE ABOVE EMPLOYMENT/SUPPORT INFORMATION SIGNIFICANTLY DISTORTED BY CLIENT'S MISREPRESENTATION? - This is where the interviewer records his/her perception of the client's truthfulness. Answer "Yes" if you feel that the client's answers are untruthful. Enter one of the following codes:

0 - No, the client is not misrepresenting

1 - Yes, the client is misrepresenting.

E24. CLIENT'S INABILITY TO UNDERSTAND? - This is a required field and reflects your assessment as to whether or not client had trouble understanding the previous medical questions, Answer "Yes" if you feel the client was unable to understand the preceding medical questions. Enter one of the following codes:

0 - No, the client does understand

1 - Yes, the client is does not understand.

EMPLOYMENT/SUPPORT COMMENTS - Include question number with notes.

On the paper version of the ASI, there is a section for the interviewer to record notes on the side of the form. The instructions say to include the question number that relates to the note. Information in the comments area of the paper form will be input into the database.

ADDICTION SEVERITY INDEX REFERENCE

DRUG AND ALCOHOL USE

This section of the ASI tells you about the client's substance abuse history and current drug/alcohol use. This information is found in questions D1 to D14. D15 and D16 looks at the client's ability to maintain a month or more of abstinence and, if they have, how long has it been since the last period of abstinence. Look at the severity of the addiction, such as overdoses (D17), delirium tremens (D18), and treatment history (D19-D22 and D25). If a significant history and current substance abuse problems are reported and client ratings are low, denial may be indicated (D28-D31).

D1-D12. DRUG/ALCOHOL MATRIX - Use the matrix to record drug/alcohol use. For each listed substance, record use over the past 30 days (in number of days), lifetime use (in number of years). Indicate route of administration using the following codes: 1-oral, 2-nasal, 3-smoking, 4-non-IV injection, 5-IV. Not answered and Nota applicable are also valid values.

- D1. Alcohol - any use at all, 30 days
- D2. Alcohol - to intoxication (3 drinks in a sitting or 5 drinks a day).
- D3. Heroin
- D4. Methadone - include LAAM or Buprenorphine (through a program or illicit).
- D5. Other Opiates/Analgesics
- D6. Barbiturates
- D7. Sedatives/Hypnotics/Tranquilizers
- D8. Cocaine
- D9. Amphetamines
- D10. Cannabis
- D11. Hallucinogens
- D12. Inhalants - code route of administration as nasal.
- D13. More than 1 substance per day (including alcohol)

D14. ACCORDING TO THE INTERVIEWER, WHICH SUBSTANCE(S) IS/ARE THE MAJOR PROBLEM? - Use one of the following values:

- 1. No problem
- 2. Alcohol – any use at all
- 3. Alcohol to intoxication
- 4. Heroin
- 5. Methadone
- 6. Other opiates/analgesics
- 7. Barbiturates
- 8. Other sedatives/hyp/tranquilizers
- 9. Cocaine
- 10. Amphetamines
- 11. Cannabis
- 12. Hallucinogens
- 13. Inhalants
- 14. Alcohol & Drug (Dual Addiction)
- 15. Polydrug
- 16. Question not answered
- 17. Question not applicable

ADDICTION SEVERITY INDEX REFERENCE

D15. HOW LONG WAS YOUR LAST PERIOD OF VOLUNTARY ABSTINENCE FROM THIS MAJOR SUBSTANCE? - Enter the last attempt of at least one month, not necessarily the longest. Periods of hospitalization **do not count**. Periods of antabuse, methadone, or naltrexone used during abstinence **do count**. Enter number of months or "00" if never abstinent.

D16. HOW MANY MONTHS AGO DID THIS ABSTINENCE END? - If question D15 = "00", then enter "NN". Enter "00" if client is still abstinent.

D17. HOW MANY TIMES HAVE YOU HAD ALCOHOL DELIRIUM TREMENS (DT'S) - DT's occur 24-48 hours after last drink or significant decrease in alcohol intake and may include shaking, severe disorientation, fever, hallucinogens. They usually require medical attention.

D18. HOW MANY TIMES HAVE YOU OVERDOSED ON DRUGS? - An overdose (OD) requires intervention by someone to recover, not simply "sleeping it off". Include suicide attempts by OD.

D19-D24. ALCOHOL AND DRUG TREATMENT - If treated for both alcohol and drugs in the same episode count in both D19 and D20. Count 12-step groups as a treatment episode if attended at least 3 times a month.

D19. HOW MANY TIMES IN YOUR LIFE HAVE YOU BEEN TREATED FOR ALCOHOL ABUSE? - If never treated, enter "00".

D20. HOW MANY TIMES IN YOUR LIFE HAVE YOU BEEN TREATED FOR DRUG ABUSE? - Include detoxification, halfway houses, in/outpatient counseling, AA or NA. - If never treated, enter "00".

D21. HOW MANY ALCOHOL TREATMENTS WERE FOR DETOX ONLY? - If answer to D19 was "00", enter "NN".

D22. HOW MANY DRUG TREATMENTS WERE FOR DETOX ONLY? - If answer to D20 was "00", enter "NN".

D23. HOW MUCH WOULD YOU SAY YOU SPENT DURING THE PAST 30 DAYS ON ALCOHOL? - Count cash spent, **not** goods or services exchanged for drugs or value of drugs given.

D24. HOW MUCH WOULD YOU SAY YOU SPENT DURING THE PAST 30 DAYS ON DRUGS? - Count cash spent, **not** goods or services exchanged for drugs or value of drugs given.

D25. HOW MANY DAYS HAVE YOU BEEN TREATED IN AN OUTPATIENT SETTING FOR ALCOHOL OR DRUGS IN THE PAST 30 DAYS? - Count any day client attended treatment or 12-step program. Count each day client attended methadone program even if he/she didn't see a counselor.

D26-D31. ALCOHOL AND DRUG PROBLEMS. Valid values are 0 to 30.

ADDICTION SEVERITY INDEX REFERENCE

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? - Enter one of the following codes:

- 1 - Not at all
- 2 - Slightly
- 3 - Moderately
- 4 - Considerably
- 5 - Extremely
- 6 - Question not answered
- 7 - Question not applicable

D29. HOW TROUBLED OR BOTHERED HAVE YOU BEEN IN THE PAST 30 DAYS BY PROBLEMS? - Enter one of the following codes:

- 1 - Not at all
- 2 - Slightly
- 3 - Moderately
- 4 - Considerably
- 5 - Extremely
- 6 - Question not answered
- 7 - Question not applicable

D30. HOW IMPORTANT TO YOU NOW IS TREATMENT FOR ALCOHOL PROBLEMS? - Enter one of the following codes:

- 1 - Not at all
- 2 - Slightly
- 3 - Moderately
- 4 - Considerably
- 5 - Extremely
- 6 - Question not answered
- 7 - Question not applicable

D31. HOW IMPORTANT TO YOU NOW IS TREATMENT FOR DRUG PROBLEMS? - Enter one of the following codes:

- 1 - Not at all
- 2 - Slightly
- 3 - Moderately
- 4 - Considerably
- 5 - Extremely
- 6 - Question not answered
- 7 - Question not applicable

D32.-D33 HOW WOULD YOU RATE THE CLIENT'S NEED TREATMENT FOR: - This is a required field and reflects your assessment as to the importance of treatment for the client. Valid values are 0 to 9 where 0 is the lowest and 9 is the highest.

D32. Alcohol problems

ADDICTION SEVERITY INDEX REFERENCE

D33. Drug problems

D34. IS THE ABOVE EMPLOYMENT/SUPPORT INFORMATION SIGNIFICANTLY DISTORTED BY CLIENT'S MISREPRESENTATION? - This is where the interviewer records his/her perception of the client's truthfulness. Answer "Yes" if you feel that the client's answers are untruthful. Enter one of the following codes:

- 0 - No, the client is not misrepresenting
- 1 - Yes, the client is misrepresenting.

D35. CLIENT'S INABILITY TO UNDERSTAND? - This is a required field and reflects your assessment as to whether or not client had trouble understanding the previous medical questions, Answer "Yes" if you feel the client was unable to understand the preceding medical questions. Enter one of the following codes:

- 0 - No, the client does understand
- 1 - Yes, the client is does not understand.

ALCOHOL/DRUG COMMENTS - Include question number with notes.

ADDICTION SEVERITY INDEX REFERENCE

LEGAL STATUS

The Legal Status section of the ASI helps to gather some basic information about the patient's legal history. It addresses information about probation or parole, charges, convictions, incarcerations or detainments, and illegal activities. Treatment plan elements that can be addressed with this section include motivation. For example, if the client has an extensive history of legal issues and treatment is being forced, the client may only be willing to comply minimally. Your challenge then will be to use the legal difficulties as leverage in gaining the client's compliance while at the same time maintaining a positive, therapeutic relationship with him/her. You may also need to get a release from the client so that you can interact with his/her probation officer.

L1. WAS THIS ADMISSION PROMPTED OR SUGGESTED BY THE CRIMINAL JUSTICE SYSTEM? - Include judge, probation/parole officer etc. Enter one of the following codes.

- 0 - No
- 1 - Yes

L2. ARE YOU ON PAROLE OR PROBATION? - Note duration and level in Comments. Enter one of the following codes. If "yes" include details in comments.

- 0 - No
- 1 - Yes

L3-L16. HOW MANY TIMES IN YOUR LIFE HAVE YOU BEEN ARRESTED AND CHARGED WITH THE FOLLOWING? - Include total number of counts, not just convictions. Do not include juvenile (pre-age 18) crimes unless they were charged as an adult. Include formal charges only. If no charges enter "00".

- L3. Shoplifting/vandalism
- L4. Parole/probation violations
- L5. Drug charges
- L6. Forgery
- L7. Weapons offense
- L8. Burglary/ Larceny/B&E
- L9. Robbery
- L10. Assault
- L11. Arson
- L12. Rape
- L13. Homicide/Manslaughter
- L14. Prostitution
- L15. Contempt of Court
- L16. Other (specify)

L17. HOW MANY OF THESE CHARGES RESULTED IN CONVICTIONS? - If answer to questions L3-L16 was "00", enter "NN". Do not include misdemeanor offenses from questions L18-L20. Convictions include fines, probation, incarcerations, suspended sentences, guilty pleas and plea bargaining.

L18-L20. HOW MANY TIMES IN YOUR LIFE HAVE YOU BEEN CHARGED WITH THE FOLLOWING? - Include total number of charges, not just convictions. Do not include juvenile (pre-age 18) crimes unless they were charged as an adult. Include formal charges only. If number of

ADDICTION SEVERITY INDEX REFERENCE

months is greater than 99, enter "99" and write a comment indicating actual time. If no charges enter "00".

L18. Disorderly conduct, vagrancy, public intoxication

L19. Driving while intoxicated

L20. Major driving violation. Include moving violations, reckless driving, speeding, no license etc.

L21. HOW MANY MONTHS WERE YOU INCARCERATED IN YOUR LIFE? - Enter total number of months incarcerated only if incarcerated 14 days or more. If incarcerated 14 days or more round up to 1 month. Enter "NN" if never incarcerated.

L22. HOW LONG WAS YOUR LAST INCARCERATION? - Enter total number of months incarcerated only if incarcerated 14 days or more. If incarcerated 14 days or more round up to 1 month. Enter "NN" if never incarcerated.

L23. WHAT WAS YOUR LAST INCARCERATION FOR? - Use code 03 to 16, 18 to 20 based on the values from L3 to L16 and L18 to L20. If multiple charges, choose the most severe.

L24. ARE YOU PRESENTLY AWAITING CHARGES, TRIAL OR SENTENCE? - Enter one of the following codes.

0 - No

1 - Yes

L25. WHAT FOR? - Use code 03 to 16, 18 to 20 based on the values from L3 to L16 and L18 to L20. If multiple charges, choose the most severe. Refers to L24.

L26. HOW MANY DAYS IN THE PAST 30 WERE YOU DETAINED OR INCARCERATED? - Include being arrested and released on the same day. Detained includes being held but not necessarily being charged with a crime. If none enter "00".

L27. HOW MANY DAYS IN THE PAST 30 HAVE YOU ENGAGED IN ILLEGAL ACTIVITIES FOR PROFIT? - Count any profit, not just cash. Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods etc.

L28. HOW SERIOUS DO YOU FEEL YOUR PRESENT LEGAL PROBLEMS ARE? -

Exclude civil problems. Enter one of the following codes:

1 - Not at all

2 - Slightly

3 - Moderately

4 - Considerably

5 - Extremely

6 - Question not answered

7 - Question not applicable

L29. HOW IMPORTANT TO YOU IS COUNSELING OR REFERRAL FOR THESE LEGAL PROBLEMS? - Client is rating a need for **additional** referral to legal counsel for defense against legal charges. Enter one of the following codes:

ADDICTION SEVERITY INDEX REFERENCE

- 1 - Not at all
- 2 - Slightly
- 3 - Moderately
- 4 - Considerably
- 5 - Extremely
- 6 - Question not answered
- 7 - Question not applicable

L30. HOW WOULD YOU RATE THE CLIENT'S NEED FOR LEGAL SERVICES OR COUNSELING? - Enter one of the following codes:

- 1 - Not at all
- 2 - Slightly
- 3 - Moderately
- 4 - Considerably
- 5 - Extremely
- 6 - Question not answered
- 7 - Question not applicable

L31. IS THE ABOVE LEGAL INFORMATION SIGNIFICANTLY DISTORTED BY CLIENT'S MISREPRESENTATION? - This is where the interviewer records his/her perception of the client's truthfulness. Answer "Yes" if you feel that the client's answers are untruthful. Enter one of the following codes:

- 0 - No, the client is not misrepresenting
- 1 - Yes, the client is misrepresenting.

L32. CLIENT'S INABILITY TO UNDERSTAND? - This is a required field and reflects your assessment as to whether or not client had trouble understanding the previous legal questions, Answer "Yes" if you feel the client was unable to understand the preceding medical questions. Enter one of the following codes:

- 0 - No, the client does understand
- 1 - Yes, the client is does not understand

LEGAL COMMENTS - Include question number with notes.

ADDICTION SEVERITY INDEX REFERENCE

FAMILY HISTORY

Look carefully at the client's marital status, usual living arrangements, and use of free time. Is the client satisfied with current status in these areas or merely resigned to his/her situation. Is there a need for referral for housing? Consider problems like loneliness, social isolation, and the need for a sober support network.

H1-H12. 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. Enter one of the following codes: 0) Clearly No, 1) Clearly Yes, X) Uncertain or "don't know" or N) Never was a relative.

- H1. Grandmother (mother's side)
- H2. Grandfather (mother's side)
- H3. Mother
- H4. Aunt (mother's side)
- H5. Uncle (mother's side)
- H6. Grandmother (father's side)
- H7. Grandfather (father's side)
- H8. Father
- H9. Aunt (father's side)
- H10. Uncle (father's side)
- H11. Brother
- H12. Sister

FAMILY HISTORY - Include question number with notes

ADDICTION SEVERITY INDEX REFERENCE

FAMILY/SOCIAL STATUS

F1. MARITAL STATUS - Enter "1" for common law marriage and specify in comments. If they feel like they are married then count it including common law and same sex marriages. Enter one of the following codes:

- 1 - Married
- 2 - Remarried
- 3 - Widowed
- 4 - Separated
- 5 - Divorced
- 6 - Separated

F2. HOW LONG HAVE YOU BEEN IN THIS MARITAL STATUS? - Enter in YY MM format.

F3. ARE YOU SATISFIED WITH YOUR CURRENT MARITAL SITUATION? - Enter one of the following codes:

- 0 - No
- 1 - Indifferent
- 2 - Yes

F4. USUAL LIVING ARRANGEMENTS (PAST 3 YEARS) - Choose arrangement most representative of last three years. Include spouse for codes 1 and 2. Enter one of the following codes:

- 1 - With sexual partner and 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 arrangements

F5. HOW LONG HAVE YOU LIVED IN THESE ARRANGEMENTS? - Enter in YY MM format

F6. ARE YOU SATISFIED WITH THESE ARRANGEMENTS? - Enter one of the following codes:

- 0 - No
- 1 - Indifferent
- 2 - Yes

F7-F8. DO YOU LIVE WITH ANYONE WHO: - Do not include people in recovery who still consider alcohol a problem.

F7. Has a current alcohol problem. Enter one of the following codes:

- 0 - No
- 1 - Yes

F8. Uses non-prescribed drugs. Enter one of the following codes:

ADDICTION SEVERITY INDEX REFERENCE

0 - No

1 - Yes

F9. WITH WHOM DO YOU SPEND MOST OF YOUR FREE TIME? - Enter one of the following codes. If a girlfriend/boyfriend is considered family by the client, they must refer to them as family throughout this section, not as a friend. Family can include immediate or extended, not necessarily biological family.

1 - Family

2 - Friends

3 - Alone

F10. ARE YOU SATISFIED WITH SPENDING YOUR FREE TIME THIS WAY? - Enter one of the following codes:

0 - No

1 - Indifferent

2 - Yes

F11. HOW MANY CLOSE FRIENDS DO YOU HAVE? - Someone client could call in the middle of the night to pick them up. Exclude family members. Include reciprocal relationships or mutually supportive relationships.

F12-F17. WOULD YOU SAY YOU HAVE A CLOSE RECIPROCAL RELATIONSHIP WITH ANY OF THE FOLLOWING PEOPLE? - Reciprocal means that the client would do anything he/she could to help them out and vice-versa. Choose one of the following options for each question: 0) Clearly no; 1) Clearly yes; X) Uncertain or "I don't know" or N) Never was a relative.

F12. Mother

F13. Father

F14. Brothers/sisters

F15. Sexual Partner/spouse

F16. Children

F17. Friends

F18-F26. HAVE YOU HAD SIGNIFICANT PERIODS IN WHICH YOU HAVE EXPERIENCED SERIOUS PROBLEMS GETTING ALONG WITH THE FOLLOWING. - Choose one of the following options for each question: 0) no; 1) yes.

F18. Mother

F19. Father

F20. Brothers/sisters

F21. Sexual Partner/spouse

F22. Children

F23. Other significant family (specify)

F24. Close friends

F25. Neighbors

F26. Co-workers

F27-F29. HAS ANYONE EVER ABUSED YOU? - Choose one of the following options for each question: 0) no; 1) yes .

F27. Emotionally (made you feel bad through belittling or harsh words)

ADDICTION SEVERITY INDEX REFERENCE

F28. Physically (caused you physical harm.) Include spanking only if extreme or if an object (belt, paddle) was used.

F29. Sexually (forced sexual advances/acts, fondling, exposure to explicit material)

F30-F31. HOW MANY DAYS IN THE PAST 30 HAVE YOU HAD SERIOUS CONFLICTS?

F30. With your family

F31. With other people (excluding family)

F32. HOW TROUBLED OR BOTHERED HAVE YOU BEEN IN THE PAST 30 DAYS BY FAMILY PROBLEMS? - Enter one of the following codes:

- 1 - Not at all
- 2 - Slightly
- 3 - Moderately
- 4 - Considerably
- 5 - Extremely
- 6 - Question not answered
- 7 - Question not applicable

F33. HOW TROUBLED OR BOTHERED HAVE YOU BEEN IN THE PAST 30 DAYS BY SOCIAL PROBLEMS? - Enter one of the following codes:

- 1 - Not at all
- 2 - Slightly
- 3 - Moderately
- 4 - Considerably
- 5 - Extremely
- 6 - Question not answered
- 7 - Question not applicable

F34. HOW IMPORTANT TO YOU NOW IS TREATMENT OR COUNSELING FOR FAMILY PROBLEMS? - Enter one of the following codes:

- 1 - Not at all
- 2 - Slightly
- 3 - Moderately
- 4 - Considerably
- 5 - Extremely
- 6 - Question not answered
- 7 - Question not applicable

F35. HOW IMPORTANT TO YOU NOW IS TREATMENT OR COUNSELING FOR SOCIAL PROBLEMS? - Enter one of the following codes:

- 1 - Not at all
- 2 - Slightly
- 3 - Moderately
- 4 - Considerably
- 5 - Extremely
- 6 - Question not answered
- 7 - Question not applicable

ADDICTION SEVERITY INDEX REFERENCE

F36. INTERVIEWER SEVERITY RATING. - How would you rate the client's need for family and/or social counseling?

F37. IS THE ABOVE FAMILY/SOCIAL INFORMATION SIGNIFICANTLY DISTORTED BY CLIENT'S MISREPRESENTATION? - This is where the interviewer records his/her perception of the client's truthfulness. Answer "Yes" if you feel that the client's answers are untruthful. Enter one of the following codes:

- 0 - No, the client is not misrepresenting
- 1 - Yes, the client is misrepresenting.

F38. CLIENT'S INABILITY TO UNDERSTAND? - This is a required field and reflects your assessment as to whether or not client had trouble understanding the previous family/social questions, Answer "Yes" if you feel the client was unable to understand the preceding medical questions. Enter one of the following codes:

- 0 - No, the client does understand
- 1 - Yes, the client is does not understand

FAMILY/SOCIAL STATUS COMMENTS - Include question number with notes.

ADDICTION SEVERITY INDEX REFERENCE

PSYCHIATRIC STATUS

In this section look for treatment plan elements that include mental health problems. For example, if the client reports an extensive treatment history (P1/2) or receives a pension for a psychiatric disability (P3), you will want to pay particular attention to past 30-day symptoms (P4-10) and determine if the client needs to be referred for a psychological evaluation. P4 tells you if the client is currently on medication that could impact recovery.

P1-P2. HOW MANY TIMES HAVE YOU BEEN TREATED FOR ANY PSYCHOLOGICAL OR EMOTIONAL PROBLEM? - Do not include substance abuse, employment or family counseling. A treatment episode is a series of more or less continuous visits or treatment days, not the number of visits or treatment days. Enter diagnosis in comments if known.

P1. In a hospital or inpatient setting.

P2. As an outpatient/ private patient.

P3. DO YOU RECEIVE A PENSION FOR A PSYCHIATRIC DISABILITY?

0 - No

1 - Yes

P4-P7. HAVE YOU HAD A SIGNIFICANT PERIOD OF TIME (THAT WAS NOT A DIRECT RESULT OF ALCOHOL/DRUG USE IN WHICH YOU HAVE: A significant period is at least two weeks. Choose one of the following options for each question: 0) no; 1) yes

P4. Experienced serious depression-sadness, hopelessness, loss of interest, difficulty with daily function.

P5. Experienced serious anxiety/tension-uptight, unreasonably worried, inability to feel relaxed.

P6. Experienced hallucinations-saw things/heard voices that others didn't see/hear.

P7. Experienced trouble understanding, concentrating or remembering.

P8-P10. HAVE YOU HAD A SIGNIFICANT PERIOD OF TIME (DESPITE YOUR ALCOHOL/DRUG USE IN WHICH YOU HAVE: A significant period is at least two weeks. Code if present, whether or not associated with alcohol/drug use. Choose one of the following options for each question: 0) no; 1) yes

P8. Experienced trouble controlling violent behavior including episodes of rage or violence.

P9. Experienced serious thoughts of suicide. Client seriously considered a plan for taking his/her own life.

P10. Attempted suicide. Include actual suicide gestures or attempts.

P11. HAVE YOU EVER BEEN PRESCRIBED MEDICINE FOR ANY PSYCHOLOGICAL OR EMOTIONAL PROBLEMS? - Medication prescribed for the patient by a physician. Enter "yes" if a medication was prescribed even if the client is not taking it.

0 - No

1 - Yes

P12. HOW MANY DAYS IN THE PAST 30 HAVE YOU EXPERIENCED THESE PSYCHOLOGICAL OR EMOTIONAL PROBLEMS? This question refers to questions P4-P10.

ADDICTION SEVERITY INDEX REFERENCE

P13. HOW MUCH HAVE YOU BEEN TROUBLED OR BOTHERED BY THESE PSYCHOLOGICAL OR EMOTIONAL PROBLEMS IN THE LAST 30 DAYS ? - Enter one of the following codes:

- 1 - Not at all
- 2 - Slightly
- 3 - Moderately
- 4 - Considerably
- 5 - Extremely
- 6 - Question not answered
- 7 - Question not applicable

P14. HOW IMPORTANT TO YOU NOW IS TREATMENT FOR THESE PSYCHOLOGICAL OR EMOTIONAL PROBLEMS? - Enter one of the following codes:

- 1 - Not at all
- 2 - Slightly
- 3 - Moderately
- 4 - Considerably
- 5 - Extremely
- 6 - Question not answered
- 7 - Question not applicable

P15-P20. AT THE TIME OF THE INTERVIEW THE CLIENT WAS: - To be completed by the interviewer. Enter one of the following codes: 0) NO, 1) Yes.

- P15. Obviously depressed/withdrawn
- P16. Obviously hostile
- P17. Obviously anxious/nervous
- P18. Having trouble with reality testing, thought disorders, paranoid thinking
- P19. Having trouble comprehending, concentrating, remembering
- P20. Having suicidal thoughts

P21. INTERVIEWER SEVERITY RATING. - How would you rate the client's need for family and/or social counseling?

P22. IS THE ABOVE PSYCHIATRIC INFORMATION SIGNIFICANTLY DISTORTED BY CLIENT'S MISREPRESENTATION? - This is where the interviewer records his/her perception of the client's truthfulness. Answer "Yes" if you feel that the client's answers are untruthful. Enter one of the following codes:

- 0 - No, the client is not misrepresenting
- 1 - Yes, the client is misrepresenting.

P23. CLIENT'S INABILITY TO UNDERSTAND? - This is a required field and reflects your assessment as to whether or not client had trouble understanding the previous psychiatric questions, Answer "Yes" if you feel the client was unable to understand the preceding medical questions. Enter one of the following codes:

- 0 - No, the client does understand
- 1 - Yes, the client is does not understand

PSYCHIATRIC STATUS COMMENTS - Include question number with notes.