Linda Dyer

# *****GENERAL INFORMATION*****

G1. Client ID:_____
G2. Social Security Number: _____
G3. Provider number: _____
G4. Date of admission: _____
G5. Date of interview: _____
G6. Time begun: _____
G51. Who referred you for an evaluation? :_____

1 Attorney
2 Probation/Parole Officer
3 Pre-sentence Investigator
4 Self
5 Judge or Court
6 Other

G52. The referral source's name: _____
G52. Address: _____
City, State, Zip: Phone number: _____

G53. By when do you need this assessment? _____

G54. Why are you receiving this assessment (1-6)? _____

1-OWI or DUI
2-Court ordered
3-Attorney recommended
4-Other criminal arrest
5-Self interest
6-Other

G56. By whom was it ordered (1-4)? :_____
1-Judge
2-Probation
3-Presentence
4-Parole
Specify other:_____

G8. Class: 1-Intake 2-Follow-up:_____

G9. Contact code: 1-In person 2-Phone 3-Mail:_____
G57. Interviewer's initials:_____
G10. Gender: M-Male F-Female:_____

G12. Special: _____ 1-Terminated 2-Refused 3-Unable to respond X-Not applicable

**Client** first name:_____
Client middle name: _____
Client last name: _____
Client's address: _____
Address: _____
City, State, Zip: _____
Phone number: _____years, _____ months_____
G15. Is this address owned by you or your family (Y/N)? _____

G16. Date of birth: _____

G17. Of what race do you consider yourself? _____

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

G18. Religious preference: _____

1 Protestant 2 Catholic
3 Jewish 4 Islamic
5 Other 6 None

G58. Specify other religion: _____

G19. Have you been in a controlled environment in the past 30 days? _____

1 No 2 Jail
3 Alcohol or drug treatment 4 Medical treatment
5 Psychiatric treatment 6 Other

Specify other controlled environment_____

G20. How many days: _____

# *****MEDICAL STATUS*****

M1. How many times in your life have you been hospitalized for medical problems?
Include OD's, DT's, exclude detox. _____

M2. How long ago was your last hospitalization for a physical problem?____years,_____months

M51. What was it for? _____

M3. Do you have any chronic medical problems which continue to interfere with your life (Y/N)? _____
Specify: _____

M4. Are you taking any prescribed medication on a regular basis for a physical problem (Y/N)? _____

M52. What is it? _____ M53. What is it for? _____

_____ _____

_____ _____

_____ _____

M5. Do you receive financial compensation (pension, disability, etc.) for a physical disability (Y/N)?
_____Specify: _____

M6. How many days have you experienced medical problems in the past 30 days? _____

M7. How troubled or bothered have you been by these medical problems in the past 30 days?_____
**0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely**

M8. How important to you now is treatment for these medical problems? _____
**0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely**

*THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY*

*M9. How would you rate the patient's need for medical treatment?*
*0 - None necessary to 9 - Treatment needed to intervene in life-threatening situation*_____

*Is the MEDICAL STATUS information significantly distorted by:*
*M10. Patient's misrepresentation (Y/N)?* _____
*M11. Patient's inability to understand (Y/N)?* _____

# *****EMPLOYMENT/SUPPORT STATUS*****

E1. Education completed (GED = 12 years): _____ years, _____months_____
E2. Training or technical education completed: _____months
E3. Do you have a profession, trade or skill (Y/N)? _____
Specify: _____

E4. Do you have a valid driver's license (Y/N)? _____
E5. Do you have an automobile available (Y/N)? _____
Answer No if no valid driver's license.

E6. How long was your longest full-time job? _____years, _____months
E7. Usual (or last) occupation:

1 1. a. Higher Executives
2 1. b. Large Proprietors (Value over $180,000)
3 1. c. Major Professionals
4 2. a. Business Managers
5 2. b. Proprietors of Medium-Sized Businesses
6 3. a. Administrative Personnel
7 3. b. Proprietors of Small Businesses (<$55,000)
8 3. c. Minor Professionals
9 3. d. Farmers (Owners $41,000-$60,000)
10 4. a. Clerical and Sales Workers
11 4. b. Technicians
12 4. c. Proprietors of Little Business (<$10,000)
13 4. d. Farmers (Owners-$21,000-$40,000)
14 5. a. Skilled Manual Employees and Small Farmers
15 5. b. Small Farmers (Owners < $20,000)
16 6. a. Machine Operators and Simi-Skilled Employees
17 6. b. Small Farm Tenants
18 7. Unskilled Employees

Specify: _____

E8. Does someone contribute to your support in any way (Y/N)? _____
Specify: _____

E9. Does this constitute the majority of your support (Y/N)? _____

E10. Employment status: _____

1. full time (35 hrs/wk)
2. part time (reg. hrs)
3. part time (irreg.daywork)
4. student
5. service
6. retired/disability
7. unemployed
8. in controlled environment

E11. How many days were you paid for working in the last 30? days_____

How much money did you receive from the following sources in the past 30 days?

E12. Employment (net income)_____
E13. Unemployment compensation_____
E14. Welfare _____
E15. Pension, benefits or social security_____
E16. Mate, family or friends _____
E17. Illegal _____

E51. What was your gross income last year? _____

E18. How many people depend on you for the majority of their food, shelter, etc.?_____
E19. How many days have you experienced employment problems in the past 30? _____

E20. How troubled or bothered have you been by these employment problems in the past 30 days?_____
**0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely**

E21. How important to you now is counseling for these employment problems? _____
**0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely**

*THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY*

*E22. How would you rate the patient's need for employment counseling? _____*
*0 - None necessary to 9-Treatment needed to intervene in life-threatening situation*

*Is the EMPLOYMENT/SUPPORT STATUS information significantly distorted by:*
*E23. Patient's misrepresentation (Y/N)? _____*
*E24. Patient's inability to understand (Y/N)? _____*

# *****DRUG/ALCOHOL USE*****

D51. What age did you first try alcohol or drugs? _____
D52. What was it? _____

| | Past 30 Days | Lifetime Yrs. | Route of Administration |
|---|---|---|---|
| D1. Alcohol - any use at all | _____ | _____ | _____ |
| D2. Alcohol - to intoxication | _____ | _____ | _____ |
| D3. Heroin | _____ | _____ | _____ |
| D4. Methadone | _____ | _____ | _____ |
| D5. Other opiates & analgesics | _____ | _____ | _____ |
| D6. Barbiturates | _____ | _____ | _____ |
| D7. Other sed/hyp/tranq. | _____ | _____ | _____ |
| D8. Cocaine | _____ | _____ | _____ |
| D9. Amphetamines | _____ | _____ | _____ |
| D10. Cannabis | _____ | _____ | _____ |
| D11. Hallucinogens | _____ | _____ | _____ |
| D12. Inhalants | _____ | _____ | _____ |
| D13. More than one per day (incl. alcohol)? | _____ | _____ | _____ |

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

D53. Have you ever used a needle to administer any of these drugs (Y/N)? _____
D54. Are you an I.V. drug user (Y/N)? _____

*According to the interviewer, which substance(s) are the major problem (0-16)? When not clear, ask patient.*

*00-No problem*
*01-Alcohol any use*
*02-Alcohol to intox*
*03-Heroin*
*04-Methadone*
*05-Opiates/analgesics*
*06-Barbiturates*
*07-Other sed/hyp/tranq*
*08-Cocaine*
*09-Amphetamines*
*10-Cannabis*
*11-Hallucinogens*
*12-Inhalants*
*15-Alcohol & one or more drugs*
*16-More than one drug*

D15. How long was your last period of voluntary abstinence from this major substance (substance identified in D14)? _____ months 00-never abstinent
D16. How many months ago did this abstinence end? _____months 00-still abstinent

How many times have you:
D17. Had alcohol DT's? _____
D18. Overdosed on drugs? _____

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

D19. Alcohol abuse? _____

D20. Drug abuse? _____

How many of these were for detox only:

D21. Alcohol? _____

D22. Drug? _____

D55. How long ago were you last in treatment? _____years, _____months

D56. Name of center: _____

D57. Address: _____

D58. Type of treatment: 1-Inpatient 2-Outpatient_____

D59. How long did it last? _____days

D60. Did you complete it successfully (Y/N)? _____

D61. Have you been evaluated for alcohol or drugs before today (Y/N)? _____

D62. Where: _____

When: _____

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

D23. Alcohol? _____

D24. Drugs? _____

D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days (Include NA, AA)? _____days

How many days in the past 30 have you experienced:

D26. Alcohol problems? _____

D27. Drug problems? _____

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

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

D28. Alcohol problems? _____

D29. Drug problem~?_____

How important to you now is treatment for these:

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

D30. Alcohol problems? _____

D31. Drug problems? _____

*THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY*

*How would you rate the patient's need for treatment for:*

*0 - None necessary to 9 - Treatment needed to intervene in life-threatening situation*

*D32. Alcohol problems?* _____

*D33. Drug problems?* _____

*Is the DRUG/ALCOHOL STATUS information significantly distorted by:*

*D34. Patient's misrepresentation (Y/N)?* _____

*D35. Patient's inability to understand (Y/N)?* _____

# *****LEGAL STATUS*****

L1. Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.) (Y/N)? _____

L2. Are you on probation or parole? 0-Neither 1-Probation 2-Parole_____

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

| | | | Under the influence at the time (Y/N)? |
|---|---|---|---|
| L3. | Shoplifting/vandalism/theft? | _____ | _____ |
| 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/sex-related crimes? | _____ | _____ |
| L13. | Homicide, manslaughter? | _____ | _____ |
| L14. | Prostitution? | _____ | _____ |
| L15. | Contempt of court? | _____ | _____ |
| L16. | Other? | _____ | _____ |

L17. How many of these charges resulted in convictions? _____

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

L18. Disorderly conduct? _____

Vagrancy? _____

Public intoxication? _____

L19. Driving while intoxicated? _____

L20. Major driving violations? _____

L51. MIP (minor in possession)? _____

L21. How many months were you incarcerated in your life? _____months
L22. How long was your last incarceration? _____ months
L23. What was it for?: _____

03-Shoplifting/vandalism/theft
04-Parole/probation violation
05-Drug charges
06-Forgery
07-Weapons offense
08-Burglary, larceny, B & E
09-Robbery
10-Assault
11-Arson
12-Rape/sex related crimes
13-Homicide/manslaughter
14-Prostitution
15-Contempt of court
16-Other
18-Disorderly conduct, vagrancy
19-Driving while intoxicated
20-Major driving violations

L24. Are you presently awaiting charges, trial or sentencing (Y/N)? _____
L25. For what? _____

L26. How many days in the past 30 were you detained or incarcerated? _____days

L27. How many days in the past 30 have you engaged in illegal activities for profit? _____ days

L28. How serious do you feel your present legal problems are (exclude civil problems)? _____

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

L29. How important to you now is counseling or referral for these legal problems?
**0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely**

*THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY*

*L30. How would you rate the patient's need for legal services or counseling?* _____
*0-None necessary to 9-Treatment needed to intervene in life-threatening situation*

*Is the LEGAL STATUS information significantly distorted by:*

*L31. Patient's misrepresentation (Y/N)?* _____
*L32. Patient's inability to understand (Y/N)?* _____

# *****FAMILY HISTORY*****

Have any of your relatives had what you would call a significant drinking, drug use or psychological problem - one that did or should have led to treatment?

**Y-Yes N-No X-Not applicable Z-Not answered**

| Mother's Side: | Alc | Drug | Psych |
|---|---|---|---|
| H1. Grandmother | _____ | _____ | _____ |
| H2. Grandfather | _____ | _____ | _____ |
| H3. Mother | _____ | _____ | _____ |
| H4. Aunt | _____ | _____ | _____ |
| H5. Uncle | _____ | _____ | _____ |
| **Father's Side:** | **Alc** | **Drug** | **Psych** |
| H6. Grandmother | _____ | _____ | _____ |
| H7. Grandfather | _____ | _____ | _____ |
| H8. Father | _____ | _____ | _____ |
| H9. Aunt | _____ | _____ | _____ |
| H10. Uncle | _____ | _____ | _____ |

How many siblings do you have? _____

H53. Brothers: _____

H54. Sisters: _____

Have any of your siblings had what you would call a significant drinking, drug use or psychological problem - one that did or should have led to treatment?

**Y-Yes N-No X-not applicable Z-Not answered**

| | | Alc | Drug | Psych |
|---|---|---|---|---|
| H11. | Brother #1: | _____ | _____ | _____ |
| H51. | Brother #2: | _____ | _____ | _____ |
| H12. | Sister #1: | _____ | _____ | _____ |
| H52. | Sister #2: | _____ | _____ | _____ |

# *****FAMILY/SOCIAL RELATIONSHIPS*****

F1. Marital Status: _____ 1 Married 2 Remarried 3 Widowed 4 Separated 5 Divorced 6 Never Married

F2. How long have you been in this marital status (If never married, then since age 18)? _____years, _____months

F3. Are you satisfied with this situation (0-2)? _____0-No 1-Indifferent 2-Yes

F51. How many children do you have? _____

F4. Usual living arrangements for the past three years: _____

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 (If with family or parents, since age 18)?
_____years, _____months

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 (YIN)? _____
F8. Uses non-prescribed drugs (YIN)? _____
F9. With whom do you spend most of your free time? _____1-Family 2-Friends 3-Alone
F10. Are you satisfied spending your free time this way? _____0-No 1-Indifferent 2-Yes
F11. How many close friends do you have? _____

**Would you say you have had close, reciprocal relationships with any of the following people in your life?**

Y-Yes N-No X-Not applicable Z-Not answered

F12. Mother_____
F13. Father_____
F14. Brothers/Sisters_____
F15. Sexual Partner/Spouse_____
F16. Children_____
F17. Friends_____

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

**Y-Yes N-No X-Not applicable Z-Not answered**

| | Past 30 Days | In Your Life | Affected by Alcohol or Drugs |
|---|---|---|---|
| F18. Mother | _____ | _____ | _____ |
| F19. Father | _____ | _____ | _____ |
| F20. Brothers/Sisters | _____ | _____ | _____ |
| F21. Sexual partner/Spouse | _____ | _____ | _____ |
| F22. Children | _____ | _____ | _____ |
| F23. *Other significant family | _____ | _____ | _____ |
| F24. Close friends | _____ | _____ | _____ |
| F25. Neighbors | _____ | _____ | _____ |
| F26. Co-workers | _____ | _____ | _____ |
| F23. *Specify other relative: | _____ | _____ | _____ |

**Did any of these people abuse you: _____**

| | | |
|---|---|---|
| 00-None | 21-Sexual Partner | 25-Neighbors |
| 18-Mother | 22-Children | 26-Co-workers |
| 19-Father | 23-Other family | 27-Yes-does not know who or chooses not to identify person |
| 20-Brother/Sister | 24-Close friends | |

| | Past 30 Days | In Your Life |
|---|---|---|
| F27. Emotionally (make you feel bad through harsh words)? | _____ | _____ |
| F28. Physically (cause you physical harm)? | _____ | _____ |
| F29. Sexually (force sexual advances or sexual acts)? | _____ | _____ |

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

F30. With your family? _____Days

F31. With other people (excluding family)? _____days

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

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

F32. Family problems? _____

F33. Social problems? _____

How important to you now is treatment or counseling for these:

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

F34. Family problems? _____

F35. Social problems? _____

*THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY*

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

*0 - None necessary to 9 - Treatment needed to intervene in life-threatening situation*

*Is the FAMILY/SOCIAL RELATIONSHIPS information significantly distorted by:*

*F37. Patient's misrepresentation (Y/N)? _____*

*F38. Patient's inability to understand (Y/N)? _____*

# *****PSYCHIATRIC STATUS*****

1. How many times have you been treated for any psychological or emotional problems: _____

P1. In a hospital or inpatient setting? _____ As an outpatient or private patient? _____

P2. Do you receive financial compensation for a psychiatric or emotional disablility (include pension, SSI, SSDI, etc.) (Y/N)? _____

**Have you had a significant period, (that was not a direct result of drug/alcohol use), in which you have:** Y-Yes N-No X-Not applicable Z-Not answered Past 30 In Your Days Life

P3. Experienced serious depression - sadness, hopelessness, loss of interest, difficulty with daily functioning?'_____

P4. Experienced serious anxiety/tension-uptight, unreasonably _ worried, inability to feel relaxed?'_____

P5. Experienced hallucinations - saw things or heard voices that others did not see or hear?'_____

P6. Experienced trouble understanding, concentrating or remembering?'_____

P7. Experienced trouble controlling violent behavior including episodes of rage or violence?'_____

P8. Experienced serious thoughts of suicide? _____

P9. Attempted suicide? _____

P10. Been prescribed medication for any psychological/emotional problems?'_____

NOTE: For questions 7-9, include incidents that occurred when the person was under the influence of substances.

P11. How many days in the past 30 have you experienced these psychological or emotional problems? _____ days

P12. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?_____

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

P13. How important to you now is treatment for these psychological or emotional problems?_____

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

*At the time of the interview, is the patient: Y-Yes N-No*

*P14. Obviously depressed/withdrawn?* _____
*P15. Obviously hostile?* _____
*P16. Obviously anxious/nervous?* _____
*P17. Having trouble with reality testing, thought disorders, paranoid thinking?* _____
*P18. Having trouble comprehending, concentrating, remembering?* _____
*P19. Having suicidal thoughts?* _____

*P20. How would you rate the patient's need for psychiatric/psychological treatment?* _____
***0-None necessary to 9-Treatment needed to intervene in life-threatening situation***

*Is the PSYCHIATRIC STATUS information significantly distorted by:*

*P21. Patient's misrepresentation (Y/N)?*
*P22. Patient's inability to understand (Y/N)?*

P22. Time End:_____

**SEVERITY INDEX**

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