

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)? _____

Addiction Severity Index

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

Addiction Severity Index

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	_____	_____	_____	Route of
D3. Heroin	_____	_____	_____	Administration:
D4. Methadone	_____	_____	_____	1 - Oral
D5. Other opiates & analgesics	_____	_____	_____	2 - Nasal
D6. Barbiturates	_____	_____	_____	3 - Smoking
D7. Other sed/hyp/tranq.	_____	_____	_____	4 - Non IV injection
D8. Cocaine	_____	_____	_____	5 - IV injection
D9. Amphetamines	_____	_____	_____	
D10. Cannabis	_____	_____	_____	
D11. Hallucinogens	_____	_____	_____	
D12. Inhalants	_____	_____	_____	
D13. More than one per day (incl. alcohol)?	_____	_____	_____	

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 | 08-Cocaine |
| 01-Alcohol any use | 09-Amphetamines |
| 02-Alcohol to intox | 10-Cannabis |
| 03-Heroin | 11-Hallucinogens |
| 04-Methadone | 12-Inhalants |
| 05-Opiates/analgesics | 15-Alcohol & one or more drugs |
| 06-Barbiturates | 16-More than one drug |
| 07-Other sed/hyp/tranq | |

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? _____

Addiction Severity Index

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? _____

Addiction Severity Index

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? _____
- L21. MIP (minor in possession)? _____

Addiction Severity Index

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
	Alc	Drug	Psych	
Mother's Side:				
H1. Grandmother	_____	_____	_____	_____
H2. Grandfather	_____	_____	_____	_____
H3. Mother	_____	_____	_____	_____
H4. Aunt	_____	_____	_____	_____
H5. Uncle	_____	_____	_____	_____
Father's Side:				
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? _____

Addiction Severity Index

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:	_____	_____	_____

addiction Severity Index

Did any of these people abuse you: _____

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

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 disability (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

Addiction Severity Index

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

1 2 3 4 5 6 7 8 9

Medical									
Employment									
Drug/Alcohol									
Legal									
Family/Soc									
Psychiatric									