INSTRUCTIONS

1. Leave No Blanks - Where appropriate code items:

   X = question not answered
   N = questions not applicable

   Use only one character per item.

2. Item numbers underlined are to be asked at follow-up. Items with an asterisk are cumulative and should be rephrased at follow-up (see Manual).

3. Space is provided after sections for additional comments.

SEVERITY RATINGS

The severity ratings are interviewer estimates of the patient's need for additional treatment in each area. The scales range from 0 (no treatment necessary) to 9 (treatment needed to intervene in life-threatening situation).

Each ratings is based upon the patient's history of problem symptoms, present condition and subjective assessment of his treatment needs in a given area. For a detailed description of severity ratings' derivation procedures and conventions, see manual. Note: These severity ratings are optional.

MODIFIED-ADDICTION SEVERITY INDEX m-ASI

SUMMARY OF PATIENTS RATING SCALE

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

G1. I.D. NUMBER

G2. LAST 4 DIGITS OF SSN

G3. PROGRAM NUMBER

G4. DATE OF ADMISSION — Mth. Day Year

G5. DATE OF INTERVIEW — Mth. Day Year

G6. TIME BEGUN :

G7. TIME ENDED :

G8. CLASS:
1 - Intake
2 - Follow-up

G9. CONTACT CODE:
1 - In Person
2 - Phone

G10. GENDER:
1 - Male
2 - Female

G11. INTERVIEWER CODE NUMBER

G12. SPECIAL:
1 - Patient terminated
2 - Patient refused
3 - Patient unable to respond

GENERAL INFORMATION

NAME

CURRENT ADDRESS

G13. GEOGRAPHIC CODE

G14. How long have you lived at this address? — Years Months

G15. Is this residence owned by your or your family?

G16. DATE OF BIRTH — Mth. Day Year

G17. RACE
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

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

G20. How many days?

SEVERITY PROFILE

9												
8												
7												
6												
5												
4												
3												
2												
1												
0												
PROBLEMS	Medical	Employ/Support	Alcohol	Drug	Tobacco	e-Cigarette	Gaming	Food	Other non-substance addictive behavior	Legal	Family/Social	Psychiatric

MEDICAL STATUS

M1. How many times in your life have you been hospitalized for medical problems? (Include o.d.'s, d.t.'s, exclude detox.)

M2. How long ago was your last hospitalization for a physical problem? Years Months

M3. Do you have any chronic medical problems which continue to interfere with your life?

M4. Are you taking any prescribed medication on a regular basis for a physical problem? 0 - No 1 - Yes

M5. Do you receive a pension for a physical disability? (Exclude psychiatric disability.)
0 - No
1 - Yes ____________________
Specify

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

For questions M7 & M8 please ask the patient to use the ***Patient's Rating Scale***.

M7. How troubled or bothered have you been by these medical problems in the past 30 days?

M8. How important to you now is treatment for these medical problems?

Interviewer Severity Rating

M9. How would you rate the patient's need for medicaltreatment?

Confidence Rating

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

COMMENTS

EMPLOYMENT/SUPPORT STATUS

E1. Education completed Years Months

E2. Training or technical education completed Months

E3. Do you have a profession, trade or skill?
0 - No
1 - Yes ____________________
Please Specify

E4. Do you have a valid driver's license ?
0- No 1-Yes

E5. Do you have an automobile available for use? (Answer No if no valid driver's license.) 0-No 1-Yes

E6. How long was your longest full-time job? Years Months

E7. Usual (or last) occupation ?

____
Specify in Detail

E8. Does someone contribute to your support in any way?

E9. (ONLY IF "ITEM 8" IS YES) Does this constitute the majority of your support?

E10. Usual employment pattern, past 3 years.
1 - full time (40 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 past 30? (include "under the table" work.)

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

E12. Employment (net income)

E13. Unemployment compensation

E14. DPA

E15. Pension, benefits or social security

E16. Mate, family or friends (Money for personal expenses)

E17. Illegal

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?

For questions E20&E21 please ask patient to use the ***Patient Rating Scale.***

E20. How troubled or bothered have you been by these employment problems in the past 30 days?

E21. How important to you now is counseling for these employment problems?

Interviewer Severity Rating

E22. How would you rate the patient's need for employment counseling?

Confidence Rating

Is the above information significantly distorted by:

E23. Patient's misrepresentation ?

E24. Patient's inability to understand ?

COMMENTS

Drugs / Alcohol / Tobacco / Other non-substance addictive behaviors

	Past 30 days	No. intake per day	Prescription past 30 days	Lifetime	Route
* 1- Alcohol					
* 2- Alcohol intox					
* 3- Heroin					
*4a- Methadone					
*4b- Buprenorphine					
* 5- Other opiates/ analgesics					
* 6- Barbiturates					
* 7- Other sed/ hyp/tranq					
* 8- Cocaine					
* 9- Amphetamines					
*10- Cannabis					
*11- Hallucinogens					
*12- Inhalants					
*13- More than one substance per day					
*12b- Tobacco					
*12b'- e-cigarette					
*12d- - Gaming					
- Gambling					

Route of Administration: 1= Oral, 2= Nasal, 3= Smocking, 4= Non IV inj., 5= IV inj.

Nicotine : 0=no ; 1=yes
Dose _______ mg/day

*12e- Have you ever been worried about your food intake? For instance, feeling out of control with your eating, having disordered eating, controlling your weight.

Past 30 days	Lifetime	What

What : 1= restriction/diet, 2= compulsive food intake, 3= vomitig, 4=laxatives-diurectics-other substances, 5= physical hyperactivity, 6= combination (surrond correspondence)
7= other : specify ___________________

*12c- Other non-substance addictive behavior: ____________(Specify)
0= No ; 1= Yes

If any, past 30 days

Lifetime (years)

14- Which substance/ behavior is the major problem?
(Please code as above or 15-Polysubstance;
17-Tobacco; 19- Non-substance addictive behavior)

Si 04, please indicate if M= Méthadone, B= Buprenorphine

If more than one substance/behavior, please circle all the substances/ behaviors reported as being a major problem

1	2	3	4a	4b	5	6	7	8	9	10	11	12	12b	12b'	12c	12d	12e

15- How long was your last period of voluntary abstinence from this major substance/ behavior? (00-never abstinent)

16- How many months ago did this abstinence end? (00- still abstinent)

***17-** How many times have you:

- Had alcohol d.t.'s
- Overdosed on drugs

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

- Alcohol
- Drugs
- Tobacco
- e-cigarette
- Gambling
- Food
- Other non-substance addictive disorder (Other than gambling and food)

***19-** How many of these were detox only?

- Alcohol
- Drugs
- Tobacco
- E-cigarette
- Gambling
- Food
- Other non-substance addictive disorder (Other than gambling and food)

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

- Alcohol
- Drugs
- E-cigarette
- Tobacco
- Gambling
- Food
- Other non-substance addictive disorder (Other than gambling and food)

21- How many days have you been treated in an outpatient setting for Alcohol, Drugs, Tobacco or other behavior in the past 30 days? (Including AA, NA, GA)

22- How many days in the past 30 have you experienced:

- Alcohol
- Drugs
- Tobacco
- E-cigarette
- Gambling
- Food
- Other non-substance addictive disorder (Other than gambling and food)

Question 23 & 24 : please ask patient to use the patient's rating scale

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

- Alcohol
- Drugs
- Tobacco
- e-Cigarette
- Gambling
- Food
- Other non-substance addictive disorder (Other than gambling and food)

24- How important to you now is treatment for these:

- Alcohol
- Drugs
- Tobacco
- e-Cigarette
- Gambling
- Food
- Other non-substance addictive disorder (Other than gambling and food)

Interviewer Severity ratings

25b- Please circle all the substance/ behavior for which the client need some treatment

1	2	3	4a	4b	5	6	7	8	9	10	11	12	12b	12b'	12c	12d	12e

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

- Alcohol
- Drugs
- Tobacco
- e-Cigarette
- Gambling
- Food
- Other non-substance addictive disorder (Other than gambling and food)

Confidence ratings

Is the above information significantly distorted by:

26- Patient's misrepresentation?
0- No
1- Yes

27- Patient's inability to understand?
0- No
1- Yes

LEGAL STATUS

L1. Was this admission prompeted or suggested by the criminal justice system (judge, probation/parole officer, etc.)

0 - No 1 - Yes

L2. Are you on probation or parole ?
0 - No 1 - Yes

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

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...................................

COMMENTS

L17. How many of these charges resulted in convictions?

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

L18. Disorderly conduct, vagrancy, public intoxication

L19. Driving while intoxicated

L20. Major driving violations (reckless driving, speeding, no license, etc.)

L21. How many months were you incarcerated in your life?

Months

L22. How long was your last incarceration?

Months

L23. What was it for? (use codes 3-16, 18-20. If multiple charges, code most severe)

L24. Are you presently awaiting charges, trial or sentence?
0 - No 1 - Yes

L25. What for? (If multiple charges, use most severe).

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

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

For questions L28 & L29 please ask the patient to use the Patient's 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?

Interviewer Severity Rating

L30. How would you rate the patient's need for legal services or counseling?

Confidence Rating

Is the above information signficantly distorted by:

L31. Patient's misrepresentation?

L32. Patient's inability to understand?

Family History

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

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. Mother			
H9. Aunt			
H10. Uncle			

Siblings	Alc	Drug	Psych
H11. Brother			
H12. Sister			

Direction: Place "0" in relative category where the answer is clearly no for all relatives in the category; "1" where the answer is clearly yes for any relative within the category; "X" where the answer is uncertain or "I don't know" and "N" where there never was a relatives from that category. Code most problematic relative in cases of multiple members per category.

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? Years Months
(If never married, since age 18).

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

F4. Usual living arrangements (past 3 yr.)
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 those arrangements? (If with parents or family, since age 18). Years Months

F6. Are you satisfied with these living arrangements?
0 - No
1 - Indifferent
2 - Yes

Do you live with anyone who:
0 - No 1 - Yes

F7. Has a current alcohol problem?

F8. Uses non-prescribed drugs?

F9. With whom do you spend most of your free time:
1 - Family
2 - Friends
3 - Alone

F10. Are you satisfied with spending your free time this way?
0 - No
1 - Indifferent
2 - Yes

F11. How many close friends do you have?

Direction for F12-F26: Place “0” in relative category where the answer is clearly no for all relatives in the category; “1” where the answer is clearly yes for any relative within the category; “X” where the answer is uncertain or “I don’t know” and “N” where there never was a relative from that category.

Would you say you have had close, long lasting, personal relationships with any of the following people in your life:

F12. Mother..........
F13. Father..........
F14. Brothers/Sisters..........
F16. Children..........
F17. Friends..........

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

	Past 30 Days	In Your Life
F18. Mother..........		
F19. Father..........		
F20. Brothers/Sisters..........		
F21. Sexual partner/spouse..........		
F22. Children..........		
F23. Other signficant family..........		
F24. Close friends..........		
F25. Neighbors..........		
F26. Co-Workers..........		

Did any of these people (F18-F26) abuse you?
0 = No 1 = Yes

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

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

F30. With your family?

F31. With other people? (excluding family)

For questions F32-F35 please ask the patient to use the Patient’s Rating Scale.

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

F32. Family problems

F33. Social problems

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

F34. Family problems

F35. Social problems

Interviewer Severity Rating

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

Confidence Rating

Is the above information signficantly distorted by:

F37. Patient’s misrepresentation?
0 - No 1 - Yes

F38. Patient’s inability to understand?
0 - No 1 - Yes

COMMENTS

PSYCHIATRIC STATUS

How many times have you been treated for any psychological or emotional problems?

P1. In a hospital

P2. As an Outpatient or Private pt.

P3. Do you receive a pension for a psychiatric disability?
0 - No1 - Yes

Have you had a significant period, (that was not a direct result of drug/alcohol use), in which you have:

	Past 30 Days	In Your Life
P4. Experienced serious depression		
P5. Experienced serious anxiety or tension		
P6. Experienced hallucinations		
P7. Experienced trouble understanding, concentrating or remembering		
P8. Experienced trouble controlling violent behavior		
P9. Experienced serious thoughts of suicide		
P10. Attempted suicide		
P11. Been prescribed medication for any psychological emotional problem		

P12. How many days in the past 30 have you experienced these psychological or emotional problems?

For questions P12 & P13 please ask the patient to use the Patient's Rating Scale.

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

P14. How important to you now is treatment for these psychological problems?

THE FOLLOWING ITEMS ARE TO BE COMPLETED BY THE INTERVIEWER

At the time of the interview, is patient:

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. How would you rate the patient's need for psychiatric/psychological treatment?

Confidence Rating

Is the above information significantly distorted by:

P22. Patient's misrepresentation?
0 - No 1 - Yes

P23. Patient's inability to understand?
0 - No 1 - Yes

COMMENTS