

Addiction Severity Index - 5th Edition

Clinical/Training Version

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Remember: This is an interview, not a test

≈Item numbers circled are to be asked at follow-up.≈

*≈Items with an asterisk * are cumulative and should be rephrased at*

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

There are two time periods we will discuss:

1. The past 30 days
2. Lifetime

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

The scale is:

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

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

Please try not give inaccurate information!

INTERVIEWER INSTRUCTIONS:

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

HALF TIME RULE: If a question asks the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.

CONFIDENCE RATINGS:⇒ Last two items in each section.
⇒ Do not over-interpret.
⇒ Denial does not warrant misrepresentation.
⇒ Misrepresentation = overt contradiction in information.

Probe, cross-check and make plenty of comments!

HOLLINGSHEAD CATEGORIES:

1. Higher execs, major professionals, owners of large businesses.
2. Business managers of medium sized businesses, lesser professions, i.e., nurses, opticians, pharmacists, social workers, teachers.
3. Administrative personnel, managers, minor professionals, owners/proprietors of small businesses, i.e., bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, 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, repairperson, 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).

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Pain killers = Morphine, Dilaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Robitussin, Fentanyl
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sed/Hyp/Tranq:	Benzodiazepines = Valium, Librium, Ativan, Serax Tranxene, Xanax, Miltown, Other = ChloralHydrate (Noctex), Quaaludes Dalmane, Halcion
Cocaine:	Cocaine Crystal, Free-Base Cocaine or "Crack," and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
Cannabis:	Marijuana, Hashish
Hallucinogens:	LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
Inhalants:	Nitrous Oxide, Amyl Nitrate (Whippets, Poppers), Glue, Solvents, Gasoline, Toluene, Etc.

Just note if these are used:

Antidepressants,
Ulcer Meds = Zantac, Tagamet
Asthma Meds = Ventoline Inhaler, Theodur
Other Meds = Antipsychotics, Lithium

ALCOHOL/DRUG USE INSTRUCTIONS:

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

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

BIOPSYCHOSOCIAL INTERVIEW

MINDSET BEHAVIORAL HEALTH

DATE:

GENERAL INFORMATION

G1. Client Name:

G2. Date of Birth:

G3. Address:

G4. Date of Admission:

G5. Date of Interview:

G6. Time Begun:

G7. Time Ended:

G8. Class (1-Intake, 2-Follow up):

G9. Contact Code (1-In person, 2-Follow up):

G10. Gender (1-Male, 2-Female):

G11. Special (1-Patient Terminated, 2-Patient Refused, 3-Patient Unable to Respond):

G12. How long have you lived at your current address?

G13. Is this residence owned by you or your family? (0-No, 1-Yes):

G14. Of what race do you consider yourself?:

- | | |
|---------------------------|--------------------------------|
| <i>1-White (not Hisp)</i> | <i>5-Asian/Pacific</i> |
| <i>2-Black (not Hisp)</i> | <i>6-Hispanic-Mexican</i> |
| <i>3-American Indian</i> | <i>7-Hispanic-Puerto Rican</i> |
| <i>4-Alaskan Native</i> | <i>8-Hispanic-Cuban</i> |
| | <i>9-Unknown</i> |

G17. Do you have a religious preference?:

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

G18. Have you been in a controlled environment in the past 30 days?:

- | | |
|----------------------|-------------------------|
| 1-No | 4-Medical Treatment |
| 2-Jail/Prison | 5-Psychiatric Treatment |
| 3-Alcohol or Drug Tx | 6-Other |
- A place, theoretically, without access to drugs/alcohol.*

G19. How many days?: *If G18 is no, code -8. Refers to total number of days detained in past 30 days.*

MEDICAL STATUS

M1. How many times in your life have you been hospitalized for medical problems?:

Include O.D.'s and D.T.'s. Exclude detox, alcohol/drug, psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems.

M2. How long ago was your last hospitalization for a physical problem?: *If no hospitalizations in Question M1, then code -8 / -8.*

M3. Do you have any chronic medical problems which continue to interfere with your life? (0-No, 1-Yes):

M4. Are you taking any prescribed medication on a regular basis for a physical problem?

(0-No, 1-Yes): *If yes, specify in comments. Medication prescribed by a MD for medical conditions, not psychiatric medicines. Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems.*

M5. Do you receive a pension for a physical disability? (0-No, 1-Yes): *If yes, specify in comments. Include Workers' Compensation, exclude psychiatric disability.*

M6. How many days have you experienced medical problems in the past 30 days?:
Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g. cirrhosis of liver, abscesses from needles, etc.

For Questions M7 & M8, ask patient to use the Patient Rating Scale

M7. How troubled or bothered have you been by these medical problems in the past 30 days? *Restrict response to problem days in Question M6.*

M8. How important to you now is treatment for these medical problems? *If client is currently receiving medical treatment, refer to the need for additional medical treatment by the patient.*

Interviewer Severity Rating

M9. How would you rate the patient's need for medical treatment? *Refers to the patient's need for additional medical treatment.*

Confidence Ratings

Is the above information significantly distorted by:

M10. Patient's misrepresentation? (0-No, 1-Yes):

M11. Patient's inability to understand? (0-No, 1-Yes):

EMPLOYMENT/SUPPORT STATUS

E1. Education completed: *GED = 12 years, note in comments. Include formal education only.*

E2. Training or technical education completed: *Formal, organized training only. For military training, only include training that can be used in civilian life (i.e. electronics, computers).*

E3. Do you have a profession, trade, or skill? (0-No, 1-Yes): *Employable, transferable skill acquired through training. If yes, specify:*

E4. Do you have a valid driver's license? (0-No, 1-Yes): *Valid license, not suspended/revoked.*

E5. Do you have an automobile available for use? (0-No, 1-Yes): *If answer to E4 is no, then E5 must be no. Does not require ownership, only requires availability on a regular basis.*

E6. How long was your longest full-time job? *Full time=35+ hours weekly; does not necessarily mean most recent job.*

E7. Usual (or last) occupation: *Use Hollingshead Categories Reference Sheet*

E8. Does someone contribute to your support in any way? (0-No, 1-Yes): *Is patient receiving any regular support (i.e. cash, food, housing) from family/friend. Include spouse's contribution; exclude support by an institution.*

E9. Does this support constitute the majority of your support? (0-No, 1-Yes): *If E8 is no, then E9 is -8.*

E10. Usual employment pattern, past 3 years?

1-Full time (35+ hours)

5-Military service

2-Part time (regular hours)

6-Retired/disability

3-Part time (irregular hours)

7-Unemployed

4-Student

8-In controlled environment

Answer should represent the majority of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents the current situation.

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

Include "under-the-table" work, paid sick days, and vacation.

For Questions E12 - E17:

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

E12. Employment

Net or "take home" pay, include any "under the table" money

E13. Unemployment compensation

E14. Welfare

Include food stamps, transportation money provided by an agency to go to and from treatment

E15. Pension, benefits or social security

Include disability, pensions, retirement, veteran's benefits, SSI & worker's compensation

E16. Mate, family or friends

*Money for personal expenses (i.e. clothing); include unreliable sources of income. Record **cash** payments only, include windfalls (unexpected), money from loans, legal gambling, inheritance, tax returns, etc.*

E17. Illegal

Cash obtained from drug dealing, stealing, fencing stolen goods, illegal gambling, prostitution, etc.

Do not attempt to convert drugs exchanged to a dollar value.

E18. How many people depend on you for the majority of their food, shelter, etc?

Must be regularly depending on patient; do include alimony/child support, do not include the patient or self-supporting spouse, etc.

E19. How many days have you experienced employment problems in the past 30?

Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized.

For Questions E20 & E21, 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?

If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems. In that case, code -8.

E21. How important to you now is counseling for these employment problems?
Stress help in finding or preparing a job, not giving them a job.

INTERVIEWER SEVERITY RATING

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

CONFIDENCE RATINGS

Is the above information significantly distorted by:

E23. Client's misrepresentation?_(0-No, 1-Yes):

E24. Client's inability to understand?_(0-No, 1-Yes):

ALCOHOL/DRUGS

Route of Administration Types:

1 - Oral 2 - Nasal 3 - Smoking 4 - Non-IV injection. 5 - IV

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

A.	B.	C.
Past 30 Days	Lifetime (Yrs)	Route of Admin

D1. Alcohol (any at all)

D2. Alcohol (to intoxication)

D3. Heroin

D4. Methadone

D5. Other Opiates/Analgesics

D6. Barbiturates

**D7. Other Sedatives/
Hypnotics/Tranquilizers**

D8. Cocaine

D9. Amphetamines

D10. Cannabis

D11. Hallucinogens

D12. Inhalants

**D13. More than One
Substance per day
*Including alcohol***

D14. According to the interviewer, which substance(s) is/are the major problem?

Interviewer should determine the major drug or drugs of abuse. Code the number next to the drug in questions D1-D12, or:

00 = no problem

15 = alcohol & one or more drugs

16 = more than one drugs but not alcohol

Ask patient when not clear.

D15. How long was your last period of voluntary abstinence from this major substance?

*Last attempt of at least one month, not necessarily the longest. Periods of hospitalization/incarceration **do not count**. Periods of Antabuse, methadone, or naltrexone use during abstinence **do count**.*

00 = never abstinent

D16. How many months ago did this abstinence end?

If D15 = 0, then D16 = -8, 00 = Still abstinent

D17. How many times have you had Alcohol D.T.'s?

***Delirium Tremens (DTs):** Occur 24-48 hours after last drink, or significant decrease in alcohol intake, shaking, severe disorientation, fever, hallucinations, they usually require medical attention.*

D18. How many times have you overdosed on drugs?

***Overdose (OD):** Requires intervention by someone to recover, not simply sleeping it off, include suicide attempts by OD.*

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

D19. Alcohol abuse?

D20. Drug abuse?

Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period).

How many of these were detox only?

D21. Alcohol?

If D19 = 0, then D21 = -8

D22. Drugs?

If D20 = 0, then D22 = -8

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

Only count actual money spent. What is the financial burden caused by drugs/alcohol?

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 AA/NA

How many days in the past 30 have you experienced:

Include craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.

D26. Alcohol problems?

D27. Drug problems?

For Questions D28 - D31, ask patient to use the Patient Rating Scale

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

D28. Alcohol problems

D29. Drug problems

How important to you now is treatment for these:

D30. Alcohol problems

D31. Drug problems

INTERVIEWER SEVERITY RATING

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

D32. Alcohol problems

D33. Drug problems

CONFIDENCE RATINGS

Is the above information significantly distorted by:

D34. Client's misrepresentation?_(0-No, 1-Yes):

D35. Client's inability to understand?_(0-No, 1-Yes):

LEGAL STATUS

L1. Was this admission prompted or suggested by the criminal justice system?

(0-No, 1-Yes): Judge, probation/parole officer, etc.

L2. Are you on probation or parole?

(0-No, 1-Yes): Note duration and level in comments.

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

Include total number of counts, not just convictions.

Do not include juvenile (pre-age 18) crimes, unless they were tried as an adult.

Include formal charges only.

L3. Shoplifting/Vandalism

L4. Parole/Probation Violations

L5. Drug Charges

L6. Forgery

L7. Weapons Offense

L8. Burglary/Larceny/Breaking & Entering

L9. Robbery

L10. Assault

L11. Arson

L12. Rape

L13. Homicide/Manslaughter

L14. Prostitution

L15. Contempt of Court

L16. Other:

L17. How many of these charges resulted in convictions?

If L3-16 = 00, then Question L17 = -8.

Do not include misdemeanor offenses from questions L18-20 below.

Convictions include fines, probations, incarcerations, suspended sentences, guilty pleas, and plea bargaining.

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

Moving violations: speeding, reckless driving, no license, etc.

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

*If incarcerated 2 weeks or more, round this up to 1 month.
List total number of months incarcerated.*

L22. How long was your last incarceration?

Of 2 weeks or more. Code -8 if never incarcerated.

L23. What was it for?

Use codes 03-16, 18-20

If multiple charges, code most severe. Code -8 if never incarcerated.

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

L25. What for?

Refers to question L24. Use the number of the type of crime committed: 03-16 and 18-20. If multiple charges, code most severe.

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

Include being arrested and released on the same day.

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

Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross-checked with E17 under Employment section.

For Questions L28 & L29, ask patient to use the Patient Rating Scale

L28. How serious do you feel your present legal problems are?

Exclude civil problems

L29. How important to you now is counseling or referral for these legal problems?

*Patient is rating a need for **additional** referral to legal counsel for defense against criminal charges.*

INTERVIEWER SEVERITY RATING

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

CONFIDENCE RATINGS

Is the above information significantly distorted by:

D34. Client's misrepresentation?_(0-No, 1-Yes):

D35. Client's inability to understand?_(0-No, 1-Yes):

FAMILY HISTORY

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

0 - Clearly NO for all relatives in the category

1 - Clearly YES for any relative within category

-9 - Uncertain or don't know

-8 - Never was a relative

In cases where there is more than one person for a category, record the occurrence of problems for any in that group. Accept the patient's judgment on these questions.

Mother's Side

Alcohol

Drug

Psychiatric

H1. Grandmother

H2. Grandfather

H3. Mother

H4. Aunt

H5. Uncle

Father's Side

Alcohol

Drug

Psychiatric

H6. Grandmother

H7. Grandfather

H8. Father

H9. Aunt

H10. Uncle

Siblings

H11. Brother

H12. Sister

FAMILY HISTORY COMMENTS

(Include the question number with your notes)

FAMILY/SOCIAL RELATIONSHIPS

F1. Marital Status

- | | |
|---------------|-------------------|
| 1 - Married | 4 - Separated |
| 2 - Remarried | 5 - Divorced |
| 3 - Widowed | 6 - Never Married |
- Common-law marriage = 1. Specify in comments.*

F2. How long have you been in this marital status?

Refers to F1. If never married, then since age 18.

F3. Are you satisfied with this situation?

- 0 - No 1 - Indifferent 2 - Yes
- Satisfied = client generally liking the situation. Refers to F1 & F2.*

F4. Usual living arrangements (past 3 years)

- | | |
|------------------------------------|----------------------------|
| 1 - With sexual partner & children | 6 - With friends |
| 2 - With sexual partner alone | 7 - Alone |
| 3 - With children alone | 8 - Controlled environment |
| 4 - With parents | 9 - No stable arrangement |
| 5 - With family | |

Choose arrangements most representative of the past 3 years. If there is an even split in time between these arrangements, choose the most recent arrangement.

F5. How long have you lived in these arrangements?

*If with parents or family, since age 18.
Code years and months living in arrangements from F4.*

F6. Are you satisfied with these arrangements?

- 0 - No 1 - Indifferent 2 - Yes

Do you live with anyone who:

F7. Has a current alcohol problem? (0-No, 1-Yes)

F8. Uses non-prescribed drugs? (0-No, 1-Yes)

Or abuses prescribed drugs

F9. With whom do you spend most of your free time?

- 1 - Family 2 - Friends 3 - Alone

If a girlfriend/boyfriend is considered as family by patient, then they must refer to them as family throughout this section, not a friend.

0 - No 1 - Yes Past 30 Days In Your Life
F24. Close Friends

F25. Neighbors

F26. Co-Workers

Has anyone ever abused 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/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, ask patient to use the Patient Rating Scale

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

F32. Family Problems

F33. Social Problems

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

F34. Family problems

Patient is rating his/her need for counseling for family problems, not whether they would be willing to attend.

F35. Social problems

Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems.

INTERVIEWER SEVERITY RATING

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

CONFIDENCE RATINGS

Is the above information significantly distorted by:

F37. Client's misrepresentation?_(0-No, 1-Yes):

F38. Client's inability to understand?_(0-No, 1-Yes):

PSYCHIATRIC STATUS

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

Do not include substance abuse, employment, or family counseling. Treatment episode = a series of more or less continuous visits or treatment days, not the number of visits or treatment days. Enter diagnosis if known.

P1. In a hospital or inpatient setting?

P2. Outpatient/private patient?

P3. Do you receive a pension for a psychiatric disability? (0-No, 1-Yes)

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

0 - No

1 - Yes

Past 30 Days

In Your Life

P4. Experienced serious depression

Sadness, hopelessness, loss of interest, difficulty with daily functioning

P5. Experienced serious anxiety or tension

Uptight, unreasonably worried, inability to feel relaxed

P6. Experienced hallucinations

Saw things/heard voices that others didn't see/hear

P7. Experienced trouble understanding, concentrating or remembering

0 - No 1 - Yes

Past 30 Days

In Your Life

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

Patient can be under the influence of alcohol/drugs

P9. Experienced serious thoughts of suicide

Patient seriously considered a plan for taking his/her life. Patient can be under the influence of alcohol/drugs.

P10. Attempted suicide

Include actual suicidal gestures or attempts. Patient can be under the influence of alcohol/drugs

P11. Been prescribed medication for any psychological or emotional problems

Prescribed for the patient by a physician. Record "Yes" if a medication was prescribed even if the patient is not taking it.

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

For Questions P13 & P14, ask the patient to use the Patient Rating Scale

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

Patient should be rating the problem days from Question P12

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

The following items are to be completed by the interviewer:

At time of the interview, the patient was: 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

INTERVIEWER SEVERITY RATING

P21. How would you rate the patient's need for psychiatric/psychological treatment?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

F37. Client's misrepresentation?_(0-No, 1-Yes):

F38. Client's inability to understand?_(0-No, 1-Yes):

SEVERITY PROFILE

PROBLEMS	0	1	2	3	4					
MEDICAL										
EMPL/SUP										
ALCOHOL										
DRUG										
LEGAL										
FAM/SOC										
PSYCH										

Clinician: Amy Turner, LPC LADC Signature: _____ Date: