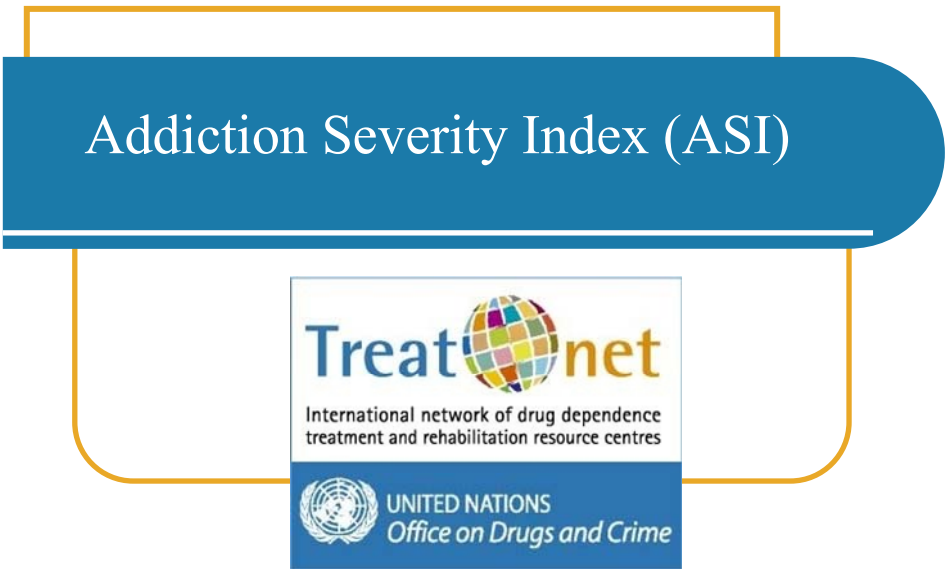

Addiction Severity Index
Treatnet Version

Manual and
Question by Question
"Q by Q" Guide

Adapted from the 1990 Version of the ASI Manual developed at
The University of Pennsylvania/Veterans Administration Center for Studies of Addiction

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THE TREATNETASI MANUAL
and
Question by Question Guide (Q by Q)

Purpose:

The purpose of this manual is to provide information regarding the development and use of the ASI, its adaptation for the Treatnet Project, a 20-country UNODC international consortium, and a question by question manual for its users.

Description of the ASI

The Addiction Severity Index is a relatively brief, semi-structured interview designed to provide important information about aspects of a patient's life which may contribute to his/her substance abuse syndrome. It is the first step in the development of a patient profile for subsequent use by clinical AND research staffs. The semi-structured instrument can be conducted by a trained clinician, researcher, or technician. It was developed by A. Thomas McLellan, Ph.D. and colleagues at the University of Pennsylvania in 1980. The ASI covers seven (7) important areas of a patient's life: medical, employment / support, drug and alcohol use, legal, family / social, and psychiatric. The instrument is designed to obtain lifetime information about problem behaviors as well as focusing specifically on the 30 days prior to assessment. The ASI has strong scientific reliability and validity, as confirmed in studies published in leading journals. It is a widely used addiction assessment tool throughout the United States and in other countries. In 1990, the University of Pennsylvania released the Fifth Edition ASI instrument. This is the version currently in use.

It is frequently used by both clinical and research staff within treatment facilities, thus, it is particularly important that the patient perceive the purpose of the interview. If it is to be used solely as a clinical interview it should be described as the first step in understanding the full range of problems for which the patient is seeking help and the basis for the initial treatment plan. If the ASI is to be used solely for research purposes then the interviewer should explain that the interview will help to provide a description of his/her condition before and after the intervention or procedure that he/she will undergo.

This ASI, it's too long…Hey, could you add a few questions?

One of the two most frequent comments we hear from sites beginning to use the ASI is: "The ASI is way too long. Could you add these (10, 30, 30…) questions?" The Treatnet ASI is an adaptation of the ASI-Lite, a version of the ASI with several questions edited and several deleted. The addition or editing of these ASI items was the result of the collaboration of at least 40 leading researchers and clinicians in the field. Each question was carefully reviewed during in-person meetings and discussions as well as through email and web-based discussions. Each was reviewed to evaluate its impact on other ASI items and composite scores. The ASI Lite was developed in early 1997.

Why was the ASI Lite developed?

To answer this question, we need to remember that the Addiction Severity Index was created in 1980 to enable clinical researchers to evaluate treatment outcomes in a six-program, substance abuse treatment network, with patients at the Philadelphia V.A. Medical Center. Its original purpose was to serve as a standardized data collection instrument. Given its demonstrated reliability and validity, the ASI quickly became the assessment instrument of choice by substance abuse researchers all over the world. Only recently have clinicians begun to see its value as an intake assessment instrument that can be used to develop a treatment plan.

A number of factors entered into the decision to develop the ASI Lite. In keeping with the growing demand to measure treatment effectiveness, many state substance abuse agencies are now requiring their funded programs to use the Addiction Severity Index. Since treatment programs need to complete a number of data collection forms on each patient admitted to treatment, adding a full ASI to their existing paperwork requirements could be prohibitive. The ASI Lite maintains the necessary items needed for conducting outcomes research.

How does the ASI Lite differ from the standard Fifth Edition ASI?

The ASI Lite differs from the standard Fifth Edition ASI in two ways:

(1) It contains 32 fewer questions.
(2) Interviewer Severity Ratings are not used;

How does a treatment program know which version of the ASI to use?

If a treatment program wants to use the ASI as the only (or primary) assessment instrument, it should use the standard Fifth Edition ASI, developed in 1990. The standard ASI, when used by a properly trained individual, provides the lifetime and recent history information needed to help the clinician develop an individualized treatment plan**.** If, on the other hand, if the ASI is being added to a number of other assessment / data collection forms, the ASI Lite is recommended.

By the way, the other most frequent comment? "Oh, I've been using the ASI for years. Hey, do you have a manual for that?'

1. Appropriate Populations

Appropriate Populations - Can I use the ASI with samples of Substance Abusing Prisoners or Psychiatrically Ill Substance Abusers? Because the ASI has been shown to be reliable and valid among substance abusers applying for treatment, many workers in related fields have used the ASI with substance abusing samples from their populations. For example, the ASI has been used at the time of incarceration and/or parole/probation to evaluate substance abuse and other problems in criminal populations. In addition, because of the widespread substance abuse among mentally ill and homeless populations, the ASI has also been used among these groups. Over the past decade, there have been many studies using the ASI with these populations and interested users should review the literature for reliability and validity studies of the instrument in these populations.

There are many cases where it is likely that the ASI would be a better choice than creating a totally new instrument. However, it is important to note circumstances that are likely to reduce the value of data from the ASI among these groups. For example, when used with a treatment seeking sample and an independent, trained interviewer, there is less reason for a potential substance abuser to misrepresent (even under these circumstances it still happens). In circumstances where individuals are being "evaluated for probation/parole or jail" there is obviously much more likelihood of misrepresentation. Similarly, when the ASI is used with psychiatrically ill substance abusers who are not necessarily seeking (and possibly avoiding) treatment, there may be reasons to suspect denial, confusion and misrepresentation. The consistency checks built into the ASI may be of some benefit in these circumstances. However, it is important to realize the limits of the instrument.

A Special Note on Adolescent Populations - Despite the fact that we have repeatedly published warnings for potential users of the ASI regarding the lack of reliability, validity and utility of the instrument with adolescent populations there remain instances where the ASI has been used in this inappropriate manner. Again, the ASI is not appropriate for adolescents due to its underlying assumptions regarding self-sufficiency and because it simply does not address issues (e.g. school, peer relations, family problems from the perspective of the adolescent, etc.) that are critical to an evaluation of adolescent problems. At this writing, there are several versions of the ASI that have been developed for adolescent populations. We are not recommending these instruments nor do we have copies, however, the authors' names have been provided below.

Kathy Meyers, "The Comprehensive Addiction Severity Index-C"
Yifrah Kaminer, "The Teen - Addiction Severity Index"
Al Friedman, "The Adolescent Drug and Alcohol Diagnostic Assessment"

2. Why an Interview?

The Interview Format - Does it have to be an Interview? This is perhaps the most often asked question regarding the ASI. In the search for faster and easier methods of collecting data many clinicians and researchers have asked for a self-administered (either by computer or paper and pencil) version of the instrument. We have not sanctioned the use of a self-administered version for several reasons. First, we have tested the reliability and validity of the severity ratings by having raters use just the information that has been collected on the form - without the interview. This has resulted in very poor estimates of problem severity and essentially no concurrent reliability. Second, we have been sensitive to problems of illiteracy among segments of the substance abusing population. Even among the literate there are problems of attention, interest and comprehension that are especially relevant to this population. Finally, since the instrument is often used as part of the initial clinical evaluation, it has been our philosophy that it is important to have interpersonal contact for at least one part of that initial evaluation. We see this as simply being polite and supportive to a patient with problems.

We have seen no convincing demonstration that the interview format produces worse (less reliable or valid) information than other methods of administration and we have found that particularly among some segments of the substance abusing population (e.g. the psychiatrically ill, elderly, confused and physically sick) the interview format may be the only viable method for insuring understanding of the questions asked. Particularly in the clinical situation, the general demeanor or "feel" of a patient is poorly captured without person-to-person contact and this can be an important additional source of information for clinical staff.

There are of course many useful, valid and reliable self-administered instruments appropriate for the substance abuse population. For example, we have routinely used self-administered questionnaires and other instruments with very satisfactory results (e.g. Beck Depression Inventory, MAST, SCL-90, etc.) but these are usually very focused instruments that have achieved validity and consistency by asking numerous questions related to a single theme (e.g. depression, alcohol abuse, etc.). The ASI is purposely broadly focused for the purposes outlined above, and we have not been successful in creating a viable self-administered instrument that can efficiently collect the range of information sought by the ASI. Thus, it should be clear that at this writing there is no reliable or valid version of the ASI that is self-administered and there is currently no plan for developing this format for the instrument. We would of course be persuaded by comparative data from a reliable, valid and useful self-administered version of the ASI and this is an open invitation to interested parties.

3. Role of the Interviewer

Role of the Interviewer - What are the qualifications needed for an ASI interviewer? Having indicated the importance of the interview process it follows that the most important part of the ASI is the interviewer who collects the information. The interviewer is not simply the recorder of a series of subjective statements. The interviewer is responsible for the integrity of the information collected and must be willing to repeat, paraphrase and probe until he/she is satisfied that the patient understands the question and that the answer reflects the best judgment of the patient, consistent with the intent of the question. It must be emphasized that the interviewer must understand the intent of each question. This is very important since despite the range of situations and unusual answers that we have described in the

manual, a new exception or previously unheard of situation occurs virtually each week. Thus, ASI interviewers should not expect to find answers in the workbook to all of the unusual situations that they will encounter in using the ASI. Instead it will be critical for the interviewer to understand the intent of the question, to probe for the most complete information available from the patient and then to record the most appropriate answer, including a comment.

There is a very basic set of personal qualities necessary for becoming a proficient interviewer. First, the prospective interviewer must be personable and supportive - capable of forming good rapport with a range of patients who may be difficult. It is no secret that many individuals have negative feelings about substance abusers and these feelings are revealed to the patients very quickly, thereby compromising any form of rapport. Second, the interviewer must be able to help the patient separate the problem areas and to examine them individually using the questions provided. Equally important qualities in the prospective interviewer are the basic intelligence to understand the intent of the questions in the interview and the commitment to collecting the information in a responsible manner.

There are no clear-cut educational or background characteristics that have been reliably associated with the ability to perform a proficient ASI interview. We have trained a wide range of people to administer the ASI, including receptionists, college students, police/probation officers, physicians, professional interviewers and even research psychologists!! There have been people from each of these groups who were simply unsuited to performing interviews and were excluded during training (perhaps 10% of all those trained) or on subsequent reliability checks. Reasons for exclusion were usually because they simply couldn't form reasonable rapport with the patients, they were not sensitive to lack of understanding or distrust in the patient, they were not able to effectively probe initially confused answers with supplemental clarifying questions or they simply didn't agree with the approach of the ASI (examining problems individually rather than as a function of substance abuse). With regard to assisting the interviewer in checking for understanding and consistency during the interview, there are many reliability checks built into the ASI. They are discussed in some detail in the workbook and they have been used effectively to insure the quality and consistency of the collected data

4. Additional Questions?

Can I ask additional questions and/or delete some of the current items? As indicated above, the ASI was designed to capture the minimum information necessary to evaluate the nature and severity of patients' treatment problems at treatment admission and at follow-up. For this reason, we have always encouraged the addition of particular questions and/or additional instruments in the course of evaluating patients. In our own work we have routinely used the MAST, an AIDS questionnaire, additional family background questions and some self-administered psychological tests.

For the Treatnet ASI, to accommodate the range, different cultures and life experiences of our users, we did add a number of questions. We realize that the magnitude of these changes requires additional attention to the reliability and validity or this “new” instrument and an international study, evaluating the reliability and validity of the Treatnet Lite-ASI is being planned.

5. Patient Severity Items

It is especially important that the patient develop the ability to communicate the extent to which he/she has experienced problems in each of the selected areas, and the extent to which he/she feels treatment for these problems is important. These subjective estimates are central to the patient's participation in the assessment of his/her condition. In order to standardize these assessments we have

employed a 5 point (0-4) scale for patients to rate the severity of their problems and the extent to which they feel treatment for them is important.

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

For some patients it is adequate to simply describe the scale and its values at the introduction to the interview and occasionally thereafter. For other patients, it may be necessary to arrive at an appropriate response in a different fashion. The interviewer's overriding concern on these items is to get the patient's opinion. Getting the patient to use his/her own language to express an opinion is more appropriate than forcing a choice from the scale.

Several problems with regard to these ratings can occur. For example, the patient's rating of the extent of his/her problems in one area should not be based upon his/her perception of any other problems. The interviewer should attempt to clarify each rating as a separate problem area, and focus the time period on the previous 30 days. Thus, the rating should be made on the basis of current, actual problems, not potential problems. If a patient has reported no problems during the previous 30 days, then the extent to which he/she has been bothered by those problems must be 0 and the interviewer should ask a confirmatory question as a check on the previous information. "Since you say you have had no medical problems in the past 30 days, can I assume that, at this point you don't feel the need for any medical treatment?" Note: If the patient is not able to understand the nature of the rating procedure, then insert an "X" for those items.

6. Interviewer Severity Items - The Interviewer Ratings are not on the Treatnet ASI but have been included in the ASI Supplement)

Detail is provided below on why clinicians or researchers may elect to delete Interviewer Severity Ratings.

Severity Ratings - How important and useful are they? It is noteworthy that the interviewer severity ratings were historically the last items to be included on the ASI. They were considered to be clinically desirable but non-essential items that were a summary convenience for people who wished a quick general profile of a patient's problem status. They were only provided for clinical convenience and were never intended for research use. It was surprising and interesting for us to find that when interviewers were trained comparably and appropriately, these severity estimates could produce reliable and valid ratings across a range of patient types and interviewer types. Further, they remain a useful clinical summary that we continue to use regularly - but only for initial treatment planning and referral.

It should be understood however that these ratings are only estimates of problem status, derived at a single point in time and subject to change with alterations in the immediate context of the patient's life. Further, these ratings cannot take the place of the more detailed information supplied by the patient in each of the problem areas. Finally, since these are ultimately just ratings, it is recommended that they not be used as measures of outcome in research or program evaluation studies. More objective, mathematically based composite scores in each problem area have been developed for research purposes. (See McGahan, et. al. 1986).

The severity ratings derived by the interviewer on each of the individual problem areas can be useful clinically. Although it is recognized that the interviewer's opinions will affect the severity ratings, and are often important, they introduce a non- systematic source of variation, lowering the overall utility of the scale. In order to reduce variation and increase reliability of the estimates, all interviewers must develop a common, systematic method for estimating severity of each problem.

We have established a two-step method for estimating severity. In the first step, the interviewer considers only the objective data from the problem area with particular attention to those critical items in each problem area which our experience has shown to be most relevant to a valid estimate of severity. Using the "objective" data the interviewer makes a preliminary rating of the patient's problem severity (need for treatment) based only upon this objective data. In the second step, the patient's subjective reports are considered and the interviewer can modify the preliminary rating accordingly. However, if a particularly pertinent bit of information, that is not systematically collected, figures into the derivation of a severity rating, it must be recorded in the "Comments" section. If the patient suggests that he/she feels a particular problem is especially severe, and that treatment is "extremely important" to him/her, then the interviewer may increase his final rating of severity. Similarly, in situations where the patient convincingly presents evidence that decreases the apparent severity of a problem area, the interviewer may reduce the final rating.

The ASI interview defines **severity** as the need for treatment where there currently is none; **or** for an **additional** form or type of treatment where the patient is currently receiving some form of treatment. These ratings should be based upon reports of amount, duration, and intensity of symptoms within a problem area. The following is a general guideline for the ratings:

0-1 No real problem, treatment not indicated
2-3 Slight problem, treatment probably not necessary
4-5 Moderate problem, some treatment indicated
6-7 Considerable problem, treatment necessary
8-9 Extreme problem, treatment absolutely necessary

It is important to note that these ratings are not intended as estimates of the patient's **potential** benefit from treatment, but rather the extent to which some form of effective intervention is needed, regardless of whether that treatment is available or even in existence. For example, a patient with terminal cancer would warrant a medical severity rating of 9 if he/she were not currently receiving adequate treatment, indicating that treatment is absolutely necessary for this life-threatening condition. A high severity rating is recorded in this case even though no effective treatment is currently available. Patients presenting few problem symptoms or controlled symptom levels should be assigned a low level of problem severity. As amount, duration, and/or intensity of symptoms increase, so should the severity rating. Very high severity ratings should indicate dangerously (to the patient or others) high levels of problem symptoms and a correspondingly high need for treatment.

SEVERITY RATING DERIVATION PROCEDURES

STEP 1: Derive a range of scores (2 or 3 points) which best describes the patient's need for treatment at the present time.

STEP 2: Select a point within the range above, using only the subjective data in that section.

1. If the patient considers the problem to be considerable and feels treatment is important, select the higher point within the range.

2. If the patient considers the problem to be less serious and considers the need for treatment less important, select the middle or lower rating.

While it is recognized that the criteria for establishing the degree of severity for any problem varies from situation to situation, we have found the above derivation procedures to produce reliable and valid ratings (See McLellan et. al., 1985).

Exceptions: In cases where the patient obviously needs treatment and reports no such need, the interviewer's rating should reflect the obvious need for treatment. E.g., patient reports 30 days of family arguments leading to physical abuse in some cases, but reports no need for family counseling. The *obvious* nature of this need must be stressed. Avoid inferences, hunches or clinical assumptions regarding this problem in the absence of clear indication. Beware of over interpreting "Denial." Clarify through probes where necessary.

If the patient has reported no recent or current problems, but does report a need for treatment, clarify the basis of his rating. E.g., patient reports no use of drugs or alcohol in past 30 days and no urges or cravings for drugs, but claims treatment in the form of continued AA meetings is "extremely important" with a rating of 4. Here the patient is currently receiving adequate treatment and does not need any new, different or additional treatment.

IMPORTANT: Using the method described, there is ample evidence that the severity ratings can be both reliable and valid estimates of patient status in each problem area. However, we do not recommend that the severity ratings be used as outcome measures. It is important to remember that these ratings are ultimately subjective and have been shown to be useful only under conditions where all data are available and the interview is conducted in person. This is not always the case in a follow-up evaluation. We have created composite scores in each of the problem areas, composed of objective items that have been mathematically constructed to provide more reliable estimates of patient status at follow-up. We have used the severity estimates clinically and as predictors of outcome but we have used the composite scores as outcome measures. See Section 11 below for additional details.

Again, the Treatnet project is using the “Lite” version of the ASI which does not include Interviewer Severity Ratings. Instructions are included here for your reference in the event you would like to use them for internal reasons or in other projects

7. Confidence Ratings

Confidence ratings are the last two items in each section and appear as follows:

Is the above information significantly distorted by:

Patient's misrepresentation? 0 = No 1 = Yes
Patient's inability to understand? 0 = No 1 = Yes

Whenever a "yes" response is coded, the interviewer should record a brief explanation in the "Comments" section.

The judgment of the interviewer is important in deciding the veracity of the patient's statements and his/her ability to understand the nature and intent of the interview. This does not mean a simple "gut hunch" on the part of the interviewer, but rather this determination should be based on observations of the patient's responses following probing and inquiry when contradictory information has been presented (e.g. no income reported but $1000.00 in drug use). The clearest examples are when there are discrepancies or conflicting reports that the patient cannot justify, then the interviewer should indicate a lack of confidence in the information. It is much less clear when the patient's demeanor suggests that he/she may not be responding truthfully and in situations where the patient will not make eye contact, or responds with rapid, casual denial of all problems. This should not be over interpreted since these behaviors can also result from embarrassment or anxiety. It is important for the interviewer to use supportive probes to ascertain the level of confidence.

NOTE: It is the responsibility of the interviewer to monitor the consistency of information provided by the patient throughout the interview. It is not acceptable to simply record what is reported. Where inconsistency is noted (e.g., no income reported but claims of $500 per day spent on drugs) the interviewer must probe for further information and attempt to reconcile conflicting reports. Where this is not possible, information should not be recorded and X's should be entered with a written note for the exclusion of information.

Patient Misrepresentation - We have found that some patients will respond in order to present a particular image to the interviewer. This generally results in inconsistent or inappropriate responses which become apparent during the course of the interview. As these responses become apparent, the interviewer should attempt to assure the patient of the confidentiality of the data, re-explain the purpose of the interview, probe for more representative answers and clarify previous responses of questionable validity. If the nature of the responses does not improve, the interviewer should simply discard all data which seems questionable by entering "X" where appropriate and record this on the ASI. In the extreme case, the interview should be terminated.

Poor Understanding - Interviewers may find patients who are simply unable to grasp the basic concepts of the interview or to concentrate on the specific questions, usually because of the effects of drug/alcohol withdrawal, psychiatric impairment or extreme states of emotion. Poor understanding may also be the result of a language barrier. If either of these cases becomes apparent, the interview should be terminated and another session rescheduled.

8. Difficult situations

Previous Incarceration or Inpatient Treatment - Several questions within the ASI require judgments regarding the previous 30 days or the previous year. In situations where the patient has been incarcerated or treated in an inpatient setting for those periods it becomes difficult to develop a representative profile for the patient. That is, it may not give a fully representative account of his/her general or most severe pattern of behavior. However, it has been our policy to restrict the time period of evaluation for these items to the 30 days prior to the interview regardless of the patient's status during that time.

Even with this general understanding there are still individual items that are particularly difficult to answer for patients who have been incarcerated or in some controlled environment. Perhaps the most common example is found in the employment section. Here we have defined "days of problems" as counting only when a patient has actually attempted to find work or when there are problems on the job. In a situation where the patient has not had the **opportunity** to work it is, by definition, not possible for

him/her to have had employment problems. In situations like this where the patient has not had the opportunity to meet the definition of a problem day, the appropriate answer is an "N" in the patient rating for how troubled or bothered they are since it depends on the problem days question.

9. Using the ASI for Follow-up and Outcomes

If a follow-up interview is to be done at some later point, this also should be included in the introduction. For example:

"With your permission, we would like to get back in touch with you in about six months to ask you some similar questions. In that way, we hope to evaluate our program, to see how helpful it has been."

It is expected that by introducing the interview in a clear, descriptive manner, by clarifying any uncertainties, and by developing and maintaining continued rapport with the patient, the admission interview will produce useful, valid information.

Follow-up interviews may be performed no earlier than one month from the previous interview since the evaluation period is the previous 30 days. The interview may be conducted reliably and validly over the telephone as long as the interview is conducted in a context where the respondent may feel free to answer honestly and the interviewer has given an appropriate introduction to the interview, stressing confidentiality of information (See McLellan et al, 1980; 1985). Some follow-up items are rephrased and are intended to obtain information regarding experiences that have occurred during the period since the last ASI was administered. These questions require that the answer reflect the accumulation of experience since the previous interview. For example, in the employment section, questions on the amount of formal school or training are asked and intended to reflect the addition of schooling since the prior interview.

10. Composite Scores

Composite Scores - What are they for, why were they constructed this way and what are the norms? Users familiar with earlier editions of the ASI know there is a separate manual designed to describe their use and to show how to calculate them (See Composite Scores from the Addiction Severity Index at www.tresearch.org). The composite scores have been developed from combinations of items in each problem area that are capable of showing change (i.e. based on the prior thirty day period, not lifetime) and that offer the most internally consistent estimate of problem status. The complicated formulas used in the calculation of these composites are necessary to insure equal weighting of all items in the composite.

These composites have been very useful to researchers as mathematically sound measures of **change** in problem status but have had almost no value to clinicians as indications of **current status** in a problem area. This is due to the failure on our part to develop and publish normative values for representative groups of substance abuse patients (e.g. methadone maintained males, cocaine dependent females in drug free treatment, etc.). At the risk of being defensive, our primary interest was measuring change among our local patients and not comparing the current problem status of various patient groups across the country. Further, we simply did not foresee the range of interest that has been shown in the instrument.

11. Estimates and Clarifications

Estimates: Several questions require the patient to estimate the amount of time he/she experienced a particular problem in the past 30 days. These items can be difficult for the patient, and it may be necessary to suggest time structuring mechanisms; e.g., fractional periods (one-half the time, etc.) or anchor points (weekends, weekdays, etc.). Finally, it is important that the interviewer refrain from imposing his/her responses on the patient (e.g. "Sounds like you have an extremely serious medical problem there!"). The interviewer should help the patient select an appropriate estimate without forcing specific responses.

Clarifications: During the administration of the ASI there is ample opportunity for clarification of questions and responses and this is considered essential for a valid interview. To insure the quality of the information, be certain the intent of each question is clear to the patient. Each question need not be asked exactly as stated, use paraphrasing and synonyms appropriate to the particular patient and record any additional information in the "Comments" sections.

NOTE: When it is firmly established that the patient cannot understand a particular question, that response should not be recorded. Enter an **"X"** in the first block of that item in these cases. In a case where the patient appears to have trouble understanding many questions, it may be advantageous to discontinue the interview. In this regard it is far better to wait a day or more for a patient to recover from the initial confusing, disorienting effects of recent alcohol/drug abuse than to record confused responses.

A Final Note on the Difference between Severity Ratings and Composite Scores?

Severity ratings are ***subjective estimates*** of patient status. They were developed to allow a trained interviewer to estimate problem severity in each of the ASI areas, using a ten-point scale. These ratings have been shown to produce reliable and valid estimates of patient status in each area (when interviewers are trained and monitored for inter-rate reliability), and are of great practical value in (1) summarizing the patient's overall status at treatment admission; and (2) formulating an initial treatment plan. However, despite their reliability and validity, severity ratings are subjective estimates, are based in part on lifetime data and, as such, are not appropriate as criteria for measuring change over time.

Composite scores are calculated by combining ***selected objective data*** from each ASI problem area (section). The developers used an empirical method of combining those items from each ASI problem area which were capable of showing change and which were well related to each other. These measures are mathematically derived and have shown reliability and validity in several settings. For more complete information, researchers are encouraged to refer to the **ASI Composite Scores Manual.**

Introducing the ASI

Prior to beginning the administration of the General Section of the ASI, the interviewer should properly introduce the instrument. This gives the client a clear idea of what to expect from the interview and helps to build rapport. The following instructions are on the face page of your ASI. Each of these points should be included in your introduction:

INTRODUCING THE ASI:

1. All clients receive this **same standard interview**.

2. **Seven Potential problem areas** or Domains: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychiatric.

3. The interview will take about **50-60 minutes.**

4. **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

5. All information gathered is **confidential**

6. **Accuracy** - You have the right to refuse to answer any question, if you are uncomfortable or feel it is too personal or painful to give an answer, just tell us, "I want to skip that question." We'd rather have no answer than an inaccurate one!

7. There are **two time periods** we will discuss:
   1. The past 30 days
   2. Lifetime

When introducing the ASI to your clients, include and explain each of the above points in detail. Note: It is critical you do more than simply list them in order. A good introduction sets the tone, provides guidelines and helps prepare the client for what to expect during the interview. In addition, an in-depth introduction will assist you later in the interview by helping the client stay focused and understand why you are asking certain questions.

1. Explain that all clients receive the same standard interview – the ASI.

This will be of assistance during the ASI when a client seems surprised by a particular question (e.g. "Have you ever been arrested and charged with prostitution?"). In cases like this refer the client back to

your introduction statement and explain again that you appreciate some of the questions may not apply to them, but we ask everybody the same questions. It is important to convey the concept of standardization to the client so they do not feel singled out or discriminated against.

Interviewer Example:

"In order to treat everyone equally, we give everyone who presents for treatment here the same standard interview. I appreciate your patience and I know some of these may not apply to you."

2. Seven Potential Problem Areas: Medical, Employment/Support, Alcohol, Drug, Legal, Family/Social, Psychiatric

Reinforce and explain that your agency is interested in helping the client not only with their alcohol and/or drug problems, but also with any other problems they may be experiencing.

Interviewer Example:

"We're going to discuss seven different topic areas today. I'll be asking you questions about your medical history, employment situation, alcohol and drug use, legal status, family/social network and mental health status."

3. The interview will take approximately 60 minutes.

Acknowledge the importance of the client's time and input during the interview. Ask if they have enough time to complete the interview and explain the ASI may take slightly longer or shorter than one hour. If the intake appointment is scheduled to last longer than the ASI (e.g. you have other information to gather, etc.), be sure the client is aware the ASI will not take up the entire meeting.

Interviewer Example:

"I want to make sure you have enough time to complete this interview. It takes about an hour to complete, which is shorter than the hour and a half we have scheduled for this appointment. Your time is just as important as mine, so please tell me if you have a conflicting commitment."

4. Your input is important; the Patient Rating Scale

Explain that through out the interview the client will have the opportunity to convey their opinions about the information being discussed. Inform the client their opinion and perceptions are critical to the interview and treatment process.

Interviewer Example:

"Throughout this interview you will have the chance to tell me how you've been doing in each of the topic areas we talk about. It's important for you to know your opinion about these situations is critical to both this interview and the treatment process as a whole. Your responses are part of the material I will consider in developing your treatment plan."

5. All information gathered is confidential.

Explain exactly what "confidential" means in your facility. Who will have access to the information under what situations and/or procedures? Because confidentiality is defined slightly differently across facilities (e.g. state agencies, healthcare / correctional facilities, etc.), be sure to note the limitations to confidentiality as they pertain to your workplace, the client's safety and that of others.

Interviewer Example:

"Of course, all the information you give to me today is strictly confidential. That means only myself and the other counselors working on your case will be able to see your responses to this interview."

6. You may choose to not answer certain questions. Accurate information better equips us to help the client.

Give clients permission to not answer questions that may be too personal or difficult to answer. Explain in those cases you will simply place an "X" in the box and move on. Nonetheless, reinforce with the client the importance of obtaining as much honest information as possible to assist you in developing a more accurate and comprehensive treatment plan.

Interviewer Example:

"I would appreciate it if you would try to answer all of the questions honestly. However, if a topic makes you feel uncomfortable or you do not want to answer any of the questions, just let me know and we'll move on to the next item. I would rather skip a question than have you feel like you have to provide a response in order to move on with the ASI."

7. Two timeframes: Past 30 Days and Lifetime.

Inform the client you will be asking about two distinct time periods; the Past 30 Days, and Lifetime. Note the Lifetime period includes the client's entire life up until 30 days ago. Due to these two timeframes being completely separate, it is possible throughout the ASI for a client to have engaged in a behavior (overdosing on drug) during the past 30 days but NOT in his/her lifetime, and visa versa.

Interviewer Example:

"I will be asking you about two separate time frames. The first is the "Past 30 Days". For most of these questions I will be asking how many days in the past 30 you have done something. I will also be asking about your "Lifetime". This time period is completely separate from the past 30 days, and we typically say "Lifetime begins on the 31st day" meaning that when I ask about your Lifetime you should not include any information about your activity in the past 30 days. If you have any questions about what times to include in your responses to any ASI question, feel free to ask during the course of the interview."

12. Transitioning from ASI Sections

As the focus of the interview proceeds from one area to the next, it is very important for the interviewer to introduce each new section and to change the patient's focus form the previous area. For example:

"Well I've talked with you about your medical problems, now I'm going to ask you some questions about any employment or support problems you may have."

Thereby the patient will be prepared to concentrate on each of the areas independently. In this regard it is important that the patient not confuse problems in a particular area with difficulties

experienced in another area, such as confusing psychiatric problems with those due directly to the physiological effects of alcohol or drug intoxication.

13. General Instructions

The following set of interviewer instructions are on the face-page of your ASI and are explained more fully here.

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). When noting comments, please write the question number.

3. X = Question not answered.
4. N = Question not applicable.

5. Terminate interview if client misrepresents two or more sections.

6. 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.

7. Hints and clarification notes in the ASI are bulleted "•".

Probe, cross-check and make plenty of comments!

1. Leave No **Blanks**! Code all boxes, for example, if the item asks about number of months and the answer is 1 month; code "01" in the two available boxes.

2. Make plenty of **comments** (another person reading the ASI should have a clear understanding of the client's situation and perceptions of his/her problems). Make sure the intent of each question is clear to the client. Each question need not be asked exactly as written, use paraphrasing and synonyms appropriate to the particular client and record a brief explanation in the "Comments" sections. Remember to include the item number when noting information in the "Comments" sections. Probing and writing comments when you have an unusual or counter-intuitive answer is considered essential for a valid interview.

3. Code an "X" for items that are **not answered** (client can not answer or declines to answer). For example, if a client does not want to answer questions about their relationship with their children; code "X" for those items.

4. Code an "N" for items that are **not applicable**. For example, if a client reports they have not been in a controlled environment in the past 30 days, then the appropriate code for G20: "How many days have you been in a controlled environment?" would be "NN".

5. **End interview** if client misrepresents or cannot comprehend two or more sections.

6. **Half time rule**: If an item asks the number of months, round up periods of 14 days (2 weeks) or more to 1 month. If an item asks about years, round up 6 months or more to 1 year.

7. Hints and clarification notes in the ASI are bulleted "•".

We hope the information provided in this Preface and in the Q by Q itself will be helpful in the use of the interview and in understanding its strengths and limitations. We have made every effort to provide a comprehensive addition to the original instrument and to share our thinking on those points where obviously more than one method could have been used.

The ASI Q by Q

The Q by Q provides in depth instructions on asking each question on the ASI. We consider the ASI a guide to a conversation. It is quite simply a set of questions that you may find useful in gathering information about your patients. We hope that you use this information to create an individual treatment plan for each patient. The following information about each item (beginning with General information item # G14) on the ASI is provided for you:

Intent/Key points: The information contained in this section describes why the question was originally included on the ASI. Sometimes, the reasons are easy to understand. Regardless, understanding the original intent can help you to use the appropriate judgment about how to code a response. We have based the conventions that we have adopted and recorded in the **Coding Issues** section on the original intent of the question.

Suggested Interviewing Techniques: We recognize that for many patients entering treatment, answering many seemingly meaningless questions can be tiresome. In this section, we offer what we feel are the most efficient ways to phrase each question. It has been our experience that patients are more open to answering questions if they are posed in a direct, non-confrontational manner. In many cases, we recommend that the interviewer simply read the question off the page as written. In other cases, we offer examples of effective ways to paraphrase. We hope that the information in this section helps you to help the patient give you the information you want.

Additional Probes: A probe is a question that does not appear on the ASI. The probe may provide information that helps you to understand the patient's problems more fully. The ASI has been recognized by its creators as the minimum number of questions one would need to begin a treatment plan. Within this section, we offer some additional probes that you may want to ask following each question. Sometimes, asking many probes in the first part of the problem section helps the interview to flow more naturally.

Coding Issues: Coding is the term used to describe the act of recording the information you receive from the patient, into the boxes provided for you, with a numerical "code." Although we have been doing ASI interviews for over ten years, nearly every day we encounter a new situation that is difficult to code, given the choices listed on the ASI. For each question or set of questions, we offer some solutions for coding issues that have arisen at our facility. This should **not** be considered a complete list of all the potential coding issues that could arise in other populations.

Cross-check item with: Similar bits of information are gathered in several sections of the ASI. An alert interviewer can use these internal cross-checks to verify information with the patient throughout the interview. For some items on the ASI, we provide a list of a few other items that are related to it within the interview.

General Information Q by Q

Introduction: This series of items was designed to provide administrative information.

G1. Patient ID_____

G2.Country ☐☐ G2a. Center ☐☐
G2b.Program ☐☐ G2c. Modality ☐☐
See Back Page of ASI for Country, Center and Program Listings

G3. Will this treatment be delivered in a corrections facility? ☐
0=No 1= Yes

G1. Patient I.D.:
Open item, can be used as needed. Record any ID number assigned to the client.

G2. Country:

As of the writing of this manual 31st December 2006, a list of Countries and Centers has been created. Additional countries may be added; however, the numbers assigned to each new country should be provided and documented by an assigned individual or data base manager so as not to duplicate numbers. As is the case for the U.S.A., there may be 2 Centers in a Country.

There are 19 Countries represented in the first round of Treatnet activities, please use these codes for G2:

1 Australia
2 Brazil
3 Canada
4 China
5 Colombia
6 Egypt
7 Germany
8 India
9 Indonesia
10 Iran
11 Kazakhstan
12 Kenya
13 Mexico
14 Nigeria
15 Russia
16 Spain
17 Sweden
18 United Kingdom
19 USA
20 Open
21 Open
22 Open

G2a. Center:

As of the writing of this manual 31st December 2006, a list of the first 20 Centers has been created. A Center is an active, recognized (by funding or Treatnet leadership) unit that includes any programs, modalities, off-site providers, affiliated providers (who joined Treatnet as part of a network you are creating) and any other unit of study that is operating (to any extent) as a part of or an extension of the Center. As is the case for the U.S.A., there may be 2 Centers in a Country.

Additional Centers may be added through future awards; however, the numbers assigned to each new Center should be provided and documented by an assigned individual or data base manager so as not to duplicate numbers.

There are 20 Centers represented in the first round of Treatnet activities, please use these codes for G2a:

1 Asociación Proyecto Hombre, Spain
2 Carisma Centre for Attention and Integral Mental Health, Colombia
3 Centre for Addiction and Mental Health CAMH, Canada
4 Centros de Integración Juvenil A.C., Mexico
5 Cranstoun Drug Services, United Kingdom
6 Drug Rehabilitation Unit, Mathari Hospital, Kenya
7 Fayette Companies, U.S.A.
8 General Secretariat of Mental Health, Egypt
9 Iranian National Prison Organisation /Iranian National Centre for Addiction Studies INCAS, Iran
10 Maria Ungdom, Sweden
11 Mudra, Germany
12 National Research and Clinical Centre on Medical and Social Problems of Drug, Kazakhstan
13 Neuropsychiatric Hospital Aro, Nigeria
14 Psychosocial Attention Centre for Alcohol and other Drugs, Brazil
15 Regional Research Ctr of Narcology & Psychopharm, St. Petersburg Pavlov State Med U. Russia
16 RS Ketergantungan Obat The Drug Dependence Hospital, Indonesia
17 Shanghai Drug Abuse Treatment Centre, China
18 Stanley Street Treatment & Resources (SSTAR) Inc., U.S.A.
19 TT Ranganathan Clinical Research Foundation, India
20 Turning Point Alcohol and Drug Centre Inc., Australia

G2b. Program:

A Center may have any number of Programs or Modalities. At this point we do not have a comprehensive list of Programs. One will be developed as participants provide their lists. Programs may be included in your center (at your request only) if they are part of your group of treatment programs, an extension of your programs (regardless of location) or if they are collaborating with your Center to be part of Treatnet. It is useful to think of your Center as a Treatnet Center, something possibly larger than your current group of treatment programs. A center is a place where any number of sites or programs may be collaborating by combined training, data collection and/or research activities.

G2c. Modality:

Enter the number that corresponds to the list for Modality Codes. If you select "other" you must specify the details of the program in the comments section. The modality codes listed here are described more fully below:

Modality Codes
1=Outpatient (OP) <5 hours per week
2=Intensive Outpatient (IOP) ≥5 hours per week)
3=Residential/Inpatient (IP)
4=Therapeutic Community (TC) approach
5=Half-way house
6=Detox – Inpatient (typically 3 – 7 days)
7=Detox Outpatient/Ambulatory
8=Opioid Replacement – (OP) Methadone, Buprenorphine, etc.
9=Other (ex: low threshold, GP, Spiritual healers, etc)
Specify_____

1=Outpatient (OP) <5 hours per week - Includes outpatient programs consisting of less than 5 hours of services per week. Typically abstinence-oriented, these programs can have individual and group therapy, educational groups, etc. Outpatient Methadone and Detox treatments will be coded separately (below).

2=Intensive Outpatient (IOP) ≥ 5 hours per week - Includes outpatient programs consisting of 5 or more hours of services per week. Typically abstinence-oriented, these programs can have individual and group therapy, educational groups, etc. Outpatient Methadone and Detox treatments will be coded separately (below).

3=Residential/Inpatient - Includes non-therapeutic community-based treatment programs that deliver treatment (not just housing) where the patients stay at the treatment program overnight. Typically abstinence-oriented, these programs can have individual and group therapy, educational groups, etc. Inpatient Detox treatments will be coded separately (below).

4=Therapeutic Community - Includes therapeutic community style (Phoenix House, Gateway, Daytop, etc) based treatment programs that deliver treatment (not just housing) where the patients stay at the treatment program overnight. Always abstinence-oriented, these programs can have individual and group therapy, educational groups, etc. Inpatient Detox treatments will be coded separately (below).

5=Half-way house – Thought of as half-way between treatment and home, a half-way house is typically a place where clients reside with minimal professional staff involvement. Clients may attend outpatient counseling while in a ½-way house, they may also be able to go outside the house on their own or leave with another member of the house.

6=Detox – Inpatient – Treatment specifically to provide adequate and safe detoxification from addictive substances. Inpatient Detox can be provided in hospitals, inpatients and residential treatment centers.

7=Detox Outpatient/Ambulatory - Treatment specifically to provide adequate and safe detoxification from addictive substances. Outpatient or ambulatory Detox can be provided in specialty outpatient centers, medical centers, methadone programs or even at pain clinics.

8=Opioid Replacement (OP) - Includes outpatient programs consisting of an opioid replacement therapy such a Methadone, Buprenorphine or LAAM. The goal typically includes abstinence from other opiates and illegal substances. Individual and group therapy and educational groups are often part of Opioid Replacement therapy.

9=Other (low threshold, GP, spiritual healers, etc.) – It is recognized that all types of treatment programs cannot be listed. Code "9" for other if the client is receiving SA treatment services that do not fit into any of the above categories and please specify the services and setting.

G3. Will this treatment be delivered in a corrections facility?

0=No
1=Yes

Code Yes if the patient will be receiving treatment in a corrections facility such as a detention center, jail or prison.

G4. Date of Admission: Enter the date that the patient will begin treatment at your facility.
G5. Date of Interview: Enter the date of the ASI interview.
This is used to track time between interview and admission. These dates often differ; however, if date of admission and date of interview are the same, fill in both with the same date.

G6. Time begun: Enter the time you started the ASI.
G7. Time ended: Enter the time you ended or completed the ASI.
To track the length of interviews. Some interviews that take longer than expected may indicate a difficult client, one who is cognitively challenged, or one with a chronic medical or psychiatric illness.

G8. Class:
Select "Intake" if you are conducting an intake or baseline ASI. Most ASIs fall in this category. Select "Follow-Up" if you are conducting a follow-up ASI. These are generally conducted for outcome studies, and occur 30+ days after the intake or discharge. Make sure you distinguish between follow up and intake. ASIs done on or near admission are intakes.

G9. Contact Code:
Select 1 or "In Person" if you are conducting this interview in person. All intake ASIs must be done in person. Select 2 -"Telephone" if the interview is being completed over the phone. Follow-up ASIs can be conducted over the phone.

G10. Gender:
For purposes of the Treatnet ASI, the options for gender are limited to male and female. If a patient does not identify with either category, simply code an "X" put the patient's comments in the comment section.

Suggested Interviewing Techniques:
Ask, "With what gender do you identify?" Do not assume a client's gender. This is very important in order to develop a rapport and establish a relationship early on with the client. Do not force a client to choose either the male or female gender.

G11. Interviewer Code Number/Initials:
Record your assigned interviewer number given to you by your program. If you do not have an interviewer code number, enter your initials.

(G12 & G13). Open Spaces for Address.
Enter patients name and address.
Use the address structure or format that is most widely used in your country however, please make sure the writing is legible and the address is clear.
If the client is currently incarcerated, or living in a recovery house or an inpatient treatment facility, code the address to which the client expects to return. If the client is homeless, enter their most recent address or an address where they could be reached.

G14. How long have you lived at this address?

Intent/Key Points:
To evaluate the stability of the client's living situation. Enter the length of time the client has resided at their current address.

Suggested Interviewing Technique:
If the client claims that he/she has lived at an address since birth, probe with questions asking if they ever spent a length of time away from this address.

For Example:
"Mr. Smith, has there been a period of time when you did not live at this address, perhaps due to being away at school, incarcerated, or living with another friend or family member?"

Coding Issues:
Only code the actual period of time the client lived at this address. If a 28 year old client claims to have lived at his/her current address since birth, but has spent 2 years incarcerated, the length of time should be coded as "26 years and 00 months."

For G14, what is considered homeless?

- Probe to get an accurate picture of the participant's living situation. We generally define "homeless" as: a) currently living on the streets, or in abandoned buildings; b) staying in a variety of short-term, or emergency, shelters; c) living continuously in one shelter or halfway house.

If someone is homeless, code the number of years and months he/she has been homeless and enter this information in G14.

**Cross-check this item with the client's age.

G16. Date of Birth
Enter patient's date of birth as Day/Month/Year

G16b. Age
Enter patient's current age in Years

G17. Race:
This is an open-entered question written as:

What race/ethnicity/nationality do you consider yourself?
Specify_____

Please ask as written and code the patient's response. It is important to note that the patient is not expected to give a race, ethnicity and nationality. The question is written this way to accommodate various countries preferences.

G18. Religious Preference?

Please code the religious preference identified by the patient from the options listed:

1. Protestant	4. Muslim	7. Hindu
2. Catholic	5. Other Christian	8. Buddhist
3. Jewish	6. None	9. Other (specify in comments)

Suggested Interviewing Techniques:
Ask the client if he/she currently identifies with a religion and select the corresponding religious and/or spiritual category. This does not apply simply to the environment in which the client was raised, but should reflect the current preference of the client.

Coding Issues:
Coded 4 – Muslim/Moslem.

G19. Have you been in a controlled environment in the past 30 days?
G20. How many days?

G19 Options:
1. No,
2. Correctional Facility
3. Alcohol/Drug Treat.
4. Medical Treatment
5. Psychiatric Treatment
6. Other: _____

Intent/Key Points:
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 theoretically his access to alcohol and drugs. This usually means residential status in a treatment setting or penal institution. A halfway house is generally NOT a controlled environment.

Suggested Interviewing Technique:
Read the question as written. Provide patient with examples of "controlled environment."

For Example:
"Mr. Smith, in the past 30 days, have you spent any time in a controlled environment...a lock-up situation like a jail...or a detox program...or a medical hospital...any place where you may not have been able to get drugs and alcohol as easily as in your neighborhood?"

Additional Probes: Name of the institution, why the patient was there (medical, criminal, etc).

Coding Issues:
Are prisoners on work release considered to be in a controlled environment in G19?

- Prisoners on work release are generally not coded as in a controlled environment. The intent is to identify clients who have (theoretically) had restricted access to alcohol and drugs in the past 30 days. Additional probing regarding the conditions of the work-release program, such as the degree of monitoring that takes place, is necessary to make an accurate determination.

Many of our participants live in recovery housing - is recovery housing coded as a controlled environment in G19?

- In general, recovery houses are not considered “controlled environments”. Exceptions to this general guideline would include periods when a participant is on blackout, or when a participant is staying in a house where testing occurs regularly, and the policy is immediate dismissal from the house if drug tests are positive, and the policy is enforced.

G20. If the subject was in two types of controlled environments, enter the number corresponding to the environment in which he/she spent the majority of time. In these cases, time spent in a controlled environment will reflect the total time in all settings.

Crosscheck this item with:
1. All the items that include information about the past 30 days. If the patient reports using on days in which he or she was in a controlled environment, record a comment that explains the details.

2. All the items that refer to the specific controlled environment. For example, if the patient reports that he has been incarcerated for the last six months, the same information should appear in the legal section.

Added on the Treatnet ASI:

Who referred you to treatment? (Provide details): _____

_____

_____

_____

Since this is an open-ended question, different Center's may use it in different ways.

It can be used as a way to identify the person or the agency (Criminal Justice System, etc) that referred the client. It can also be used to document how to contact the referral, if ongoing progress notes are needed for that person or agency, etc.

Medical Status

Introduction: The medical status section of the ASI helps you to gather some basic information about your patient's medical history. It addresses information about lifetime hospitalizations, long term medical problems and recent physical ailments. We recommend that you add questions that you consider relevant to your patient's treatment plan.

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

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.

Intent/Key Points: To record basic information about medical history. Enter the number of overnight hospitalizations for medical problems. Also, include hospitalizations for OD's and DT's but exclude detoxification or other forms of alcohol, drug or psychiatric treatment.

Suggested Interviewing Techniques: Because this is the first section of the interview, the patient may be prepared to tell you about psychiatric hospitalizations or treatments for drug detoxification, rather than hospitalizations for medical problems. If this happens, we recommend that you support his eagerness to tell you about drug-related problems, suggest that he remind you about those problems when you get to the drug/alcohol section, and direct him back to the medical status section.

"Mr. Smith, I understand that you may want to tell me about detox treatments. Remind me about those when we get to the drug/alcohol section. Right now, however, I need to record a little bit of information about your medical history. How many times in your life have you been hospitalized overnight for physical medical problems, like for surgery, a broken bone, etc...?"

Note: Don't record a patient's estimate that seems to be offered without much thought, like "I've been in the hospital probably about five or six times." Instead, ask for some of the details (year in which the hospitalization occurred, other events in the patient's life at the time) surrounding each hospitalization. By gathering much information early, through probing, you will more fully understand the patient's situation. This additional information may help you to move through the interview in a more conversational fashion.

Additional Probes:
The approximate age of the patient at each hospitalization
The name of each hospital
The types of medications they received for serious injuries

Coding Issues:
Normal childbirth would NOT be counted since it is not a medical problem resulting from sickness or injury. Complications resulting from childbirth would be counted and noted in the comments section. Do not include treatment received through emergency room visits unless the patient was kept overnight.

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

M3. Do you have any chronic medical problems which continue to interfere with your life?	0=No 1=Yes ☐
• If ***"Yes",*** specify in comments. • A chronic medical condition is a serious physical condition that requires regular care, (i.e. medication, dietary restriction) preventing full advantage of their abilities.	

Intent/Key Points:
A chronic condition is a serious or potentially serious physical or medical condition that requires continuous or regular care on the part of the patient (e.g., medication, dietary restrictions, inability to take part in or perform normal activities). Some examples of chronic conditions are hypertension, diabetes, epilepsy, and physical handicaps. Focus on and record the presence of a chronic medical problem if the patient needs continued care, *even if the patient has grown accustomed to the care.* For example, a diabetic patient may report that injecting insulin daily doesn't interfere with his or her life because it has become routine. Regardless, you would count the diabetes as a chronic medical problem.

Suggested Interviewing Techniques:
Provide examples and emphasize the chronic aspect of the problem.

"Do you have a chronic medical problem Mr. Smith...like diabetes or high blood pressure or chronic back pain?"

Additional Probes:
Medical doctor's recognition of the problem as chronic
Year that the problem was diagnosed

Coding Issues:
If a patient states his/her need for reading glasses or minor allergies is a chronic problem, this is a misunderstanding of the question. If the patient does report a valid, chronic problem, comment on the nature of that problem in the space provided.

Cross-check item with:
Medical Status item # 4 (possibly)

M4. Has a health care provider recommended you take any medications by on a regular basis for a physical problem?

	0=No 1=Yes
M4. Has a health care provider recommended you take any medications on a regular basis for a physical problem?	☐

- Do not include various remedies given by a non-healthcare provider.
  Must be for a medical condition; don't include psychiatric medicines.
  Include medicines prescribed whether or not the patient is currently taking them.
  The intent is to verify chronic medical problems.

Intent/Key Points: The purpose of this question is to validate the severity of the disorder by the independent decision to use medications for the problem by a healthcare provider. Therefore if the medication was recommended by a medical professional, for a medical (not psychiatric or substance abuse) condition, it should be counted -- regardless of whether the patient actually took the medication. Medications prescribed for only short periods of time, or for specific temporary conditions (i.e., colds, detoxification) should not be counted. Only the continued need for medication should be counted (e.g., high blood pressure, epilepsy, diabetes, etc.). Do not include medication for psychiatric disorders, this will be recorded later.

Suggested Interviewing Techniques: Ask as written, including the name of the chronic problem from the previous question, if appropriate.

"Mr. Smith, Are you taking any prescribed or recommended medication on a regular basis for any medical problem? For example, you mentioned that you have high blood pressure. Are you taking any prescribed medication on a regular basis for the high blood pressure or any other medical problem?"

Additional Probes:
Source of the medication (Name of physician, healthcare provider or pharmacy)
Compliance

Coding Issues:
Medications for sleep problems are usually temporary and generally fall under the psychiatric section.

Cross-check item with:
Drug /Alcohol grid, Items # 1-13 (possibly)
Medical Status, Item #3, (possibly)

M5. Do you receive financial support for a physical disability?

M5. Do you receive financial support for a physical disability? ☐ 0 - No 1 - Yes

- ***If Yes, specify in comments.***
- Include Workers' compensation, early retirement for medical disability
- Exclude psychiatric disability.

Intent/Key Points:
To identify if the patient receives any financial support from an institution for a physical (not psychiatric) disability. Does not include support from family or friends. Can be ongoing alms such as those from a religious organization.

Suggested Interviewing Techniques: Ask as written, with examples

"Mr. Smith, are you receiving any financial support for any physical disability?"

Additional Probes:
Details of the support such as source and amount.
Details of the medical problem that warranted the support.

Cross-check item with:
Employment/Support item #15

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

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

Intent/Key Points: Ask the patient how many days in the past 30 he/she experienced physical/medical problems. Do not include problems directly caused only by alcohol or drugs. This means problems such as hangovers, vomiting, or lack of sleep that would be removed if the patient were abstinent. However, if the patient has developed a continuing medical problem through substance abuse that would not be eliminated simply by abstinence, include the days on which he/she experienced these problems such as cirrhosis, phlebitis, or pancreatitis. **Include** symptoms of minor ailments such as a cold or the flu.

Suggested Interviewing Technique: Ask as written, with examples.

Help the patient to understand that you need to record the exact number of days that he or she experienced medical problems. For example, if the patient says that he felt short of breath "some of the time," ask him to tell you the exact number of days that he felt short of breath. Finally, make sure that the shortness of breath was a medical problem unrelated to drug or alcohol use.

"Mr. Smith, how many days have you experienced any medical problems...anything from a cold to the flu to the back pain (or other symptom of a chronic medical problem) which you described earlier?"

Additional Probes:
Enter the exact number of days if possible.

Cross-check item with:
Medical Status items #7 and #8

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?

For Questions M7 & M8, ask the 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 of 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.

Note: The patient is rating their need for additional medical services or referrals from your agency, above any services they may already be getting.

Intent/Key Points: 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 response to those problems counted in Item 6.

Suggested Interviewing Techniques: When asking the patient to rate the problem, use the name of it, rather than the term "problems." For example, if the patient reports having trouble with chest pains in the last thirty days, ask the patient question 7 in the following way:

"Mr. Smith, how troubled or bothered have you been in the past thirty days by the chest pains that you mentioned...or by any other medical problems?"

Ask the patient question 8 in the following way:

"Mr. Smith, how important would it be for you to get (additional) treatment for the chest pains that you mentioned, or for any other medical problems?"

If 6=0, we suggest that you ask questions 7 and 8 in the following way, to double-check that the patient really hasn't had problems.

"So, Mr. Smith, it sounds like you haven't had any medical problems in the past thirty days...may I assume that you haven't been bothered by any medical problems...?"

Coding Issues:
For item 8, emphasize that you mean <u>additional</u> medical treatment for those problems specified in Item 6.

Cross-check item with:
Medical status, number 6. If Medical Status, number 6 equals 0, then item 7 and 8 must equal 0 also. You can't rate the extent to which a non-existent problem is bothersome.

M10 and M11 CONFIDENCE RATINGS

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	☐

Patient Misrepresentation - We have found that some patients will respond in order to present a particular image to the interviewer. This generally results in inconsistent or inappropriate responses which become apparent during the course of the interview. As these responses become apparent, the interviewer should attempt to assure the patient of the confidentiality of the data, re-explain the purpose of the interview, probe for more representative answers and clarify previous responses of questionable validity. If the nature of the responses does not improve, the interviewer should simply discard all data which seems questionable by entering "X" where appropriate and record this on the ASI. In the extreme case, the interview should be terminated.

Poor Understanding - Interviewers may find patients who are simply unable to grasp the basic concepts of the interview or to concentrate on the specific questions, usually because of the effects of drug/alcohol withdrawal, psychiatric impairment or extreme states of emotion. Poor understanding may also be the result of a language barrier. If either of these cases becomes apparent, the interview should be terminated and another session rescheduled.

Please see pages 9 – 10 of this manual for complete instructions on Confidence Ratings

M12. Have you ever been tested for hepatitis?
M12a. If Yes, what was the result?
M12b. Would you like help obtaining a hepatitis test?

M12. Have you ever been tested for hepatitis? ☐
0 = No, 1=Yes

M12a. If Yes, what was the result? ☐
1 = Hep Negative (not infected)
2 = Hep positive (infected)
3 = Don't Know
- If M12=No, M12a ="N"

M12b. Would you like help obtaining a Hepatitis test? ☐

Intent/Key points:
Evaluate if patient has been tested for hepatitis, has hepatitis or desires testing in an effort to evaluate additional medical services that might be needed.

Suggested Interviewing Techniques:
Ask as written or as part of a general discussion on both hepatitis and HIV (question M13).

Additional Probes:
When tested.
Medications taken.
Any related hospitalizations.

Coding Issues:
If M12 =No, M12a=N
Always ask M12b, even if previously tested negative.

Cross-check item with:
M1 Hospitalizations
M3 Chronic medical problems
M6 Days medical problems
M7 & M8 Patient ratings

M13. Have you ever been tested for HIV?
M13a. If Yes, what was the result?
M13b. Would you like help obtaining an HIV test?

M13. Have you ever been tested for HIV? ☐
0 = No, 1=Yes

M13a. If Yes, what was the result? ☐
1 = HIV Negative (not infected)
2 = HIV positive (infected)
3 = Don't Know
- If M13=No, M13a ="N"

M13b. Would you like help obtaining an HIV test? ☐

Intent/Key points:
Evaluate if patient has been tested for HIV, has HIV or AIDS or desires testing in an effort to evaluate additional medical services that might be needed.

Suggested Interviewing Techniques:
Ask as written or as part of a general discussion on both hepatitis and HIV.

Additional Probes:
When tested.
Medications taken.
Any related hospitalizations.

Coding Issues:
If M13 =No, M13a=N
Always ask M13b, even if previously tested negative.

Cross-check item with:
M1 Hospitalizations
M3 Chronic medical problems
M6 Days medical problems
M7 & M8 Patient ratings

M14. Are you currently pregnant?
M14a. If pregnant, do you have prenatal care?
M14b. If unsure, would you like help obtaining a pregnancy test?

If patient is Male, code all "N" 0=No, 1=Yes, 2=Unsure

M14. Are you currently pregnant? ☐
M14a. If pregnant; do you have prenatal care? ☐
M14b. If unsure; would you like help obtaining a pregnancy test? ☐

- If M14= 0 or 2 (No or Unsure), M14a = N
- If M14= 1 (Yes), M14b = N

Intent/Key points:
Assist patient in obtaining information about possible pregnancy, obtain a pregnancy test and obtain pre-natal care.

Suggested Interviewing Techniques:
Ask as written or start with need for pregnancy test. For example: "Mary, is there any chance you might be pregnant?"

Additional Probes:
When tested.
Medications taken.
Prenatal care currently in place?
Is patient taking Vitamins?

Coding Issues:
If patient is male, code "N" in all.
If M14 =No or Unsure, M14a=N
Always ask M14b.

Cross-check item with:
M6 Days medical problems
M7 & M8 Patient ratings
M13 and M13 – Hepatitis and HIV status.

Employment/Support Status

Introduction: The employment/support status section of the ASI was designed to help you to gather some basic information about the resources your patient can record on a job application, as well as his or her current sources of income, dependents and workforce problems.

E1. Education completed?

This item has been changed to follow UNESCO guidelines (primary, secondary, etc) while allowing for the original coding in number of years.

E1. Education completed:

- **Code Years and Months, Level # or both.**

*Level 0 = No education
* Level 1 = Primary 1-6 yrs
* Level 2 = Lower Secondary 7-9 yrs
* Level 3 = Upper Secondary 10-12 yrs
* Level 4 = Post Secondary, non-tertiary (add'l preparation for level 5)
* Level 5 = First Stage Tertiary (+4 -6 years, incl BS, MS)
* Level 6 = Second Stage Tertiary (include doctorate, etc).

- Include formal education only.

Yrs. Mos.

☐☐ ☐☐

OR

Code Level #

☐

E1a. Highest degree earned, specify_____

Intent/Key points:
To record basic information about the patient's formal education.

Suggested Interviewing Techniques:
Ask as written, however use judgment in deciding the appropriate code.

Additional Probes:
College major if applicable
Name of schools or colleges

Coding Issues:
Use the same format: Code Level or Years/Months on all your ASI's.

E2. Training or technical education completed

E2.* Training or Technical education completed: ☐☐
- Formal/organized training only. Months

Intent/Key points: For item #E2, record basic information about the patient's formal technical education or training that could be listed on a job application. Enter the number of months of formal or organized training that the patient has completed. Try to determine if this is valid training, such as a legitimate training program or an apprenticeship through a recognized on-the-job training program.

Suggested Interviewing Techniques: It may be helpful to ask two separate questions. The first question identifies whether the patient has ever received any formal technical training.

"Mr. Smith, have you ever received any job training through a formal on-the-job training program or a training school like (name of local training school)."

The second question addresses the length of the course.

"How long did that course take to complete?"

Additional Probes:
The name of the training institute
Information about programs that the patient started, but didn't finish
Information about the patient's skills that were acquired without a formal training program

Coding Issues:
Judgment should be used in recording training during military service. Count this training only if it has potential use in civilian life and is designed to give the patient a marketable skill or trade. That is, cook, heavy equipment operation, equipment repair will be counted; infantry training or demolition training generally will not be counted.

Note: ASI items E4 (Do you have a valid driver's license) and E5 (Do you have an automobile available for your use?) have been deleted from the Treatnet ASI. We have inserted item E4a as an appropriate replacement.

E4a. Are you job options limited by lack of transportation?

E4a. Are your job options limited by lack of transportation? ☐ 0=No 1= Yes

Intent/Key points:
This item is used as an indicator of the patient's ability to get to and from work.

Suggested Interviewing Techniques:
Ask as written, code yes even if the patient reports not wanting to work. If he/she is hindered from getting a better or better paying job because of difficulty getting to the location, you can also code yes, even it the patient is currently work at a lower paying job.

Additional Probes:
Ask patient about limitations in obtaining work or getting a better job (if he/she is working currently) that are the result of transportation problems or limitations.

Coding Issues:
Code Yes if any such problems exist, even if the patient does not necessarily want to travel further for a new job.

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

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

Intent/Key points: To record basic information about the patient's work history. Stress that you are interested in the full time job the subject held for the longest time, not a part-time job.

Suggested Interviewing Techniques: Ask as written. Emphasize "full-time."

"Mr. Smith, How long was your longest full-time job?"

It may be helpful, if the patient has a difficult time answering this question as stated, to gather information about the patient's current job status, and work backwards in time, recording information about all of his or her full-time jobs. Although it may seem as if you are doing extra work, the information will help you answer Item #10 (usual employment pattern, past 3 years).

"So, Mr. Smith are you currently working? How long have you been working at this job? What were you doing before this job? How long were you working at that job?" and so on...

Additional Probes:
Names of places where the patient worked
Job position title
Reasons for leaving jobs
Years that the patient worked at each job
Information about part-time jobs

Cross-check item with:
Employment/Support status, item #10 (possibly)

E7. Usual (or last) occupation

E7.* Usual (or last) occupation? ☐
(specify) _____
(Use International Classification references page 1)

Intent/Key points: To record information about the patient's job, in addition to the classification of the job as defined by the International Standard Classification of Occupations (ISCO). Record the usual occupation, even if the patient has recently been working in a different capacity. If the patient does not have a usual occupation, then record the most recent job.

Suggested Interviewing Techniques: Ask about the patient's usual job. If the patient reports doing "whatever comes along," ask about his last occupation.
"Mr. Smith, what do you usually do for a living?"
If Mr. Smith does many different things..."Mr. Smith what is the last job that you've held?"

Additional Probes:
Names of places where the patient has worked

Coding Issues:
Code as "N" only when the patient has never worked at all.

Be sure to specify within general classes of work (i.e., if salesman, then computer sales, used car sales, etc.).

The following table for the ISCO options is on the face page of your ASI. They are listed below in more detail.

International Standard Classification of Occupations

1. Legislators, officials – Main tasks are forming government policies, laws, regulations and overseeing implementation.
2. Professionals - Requires high level of professional knowledge in the fields of physical and life sciences, or social sciences/humanities.
3. Technicians /assoc. professionals - Requires technical knowledge, experience in fields of physical, life or social sciences, humanities.
4. Clerks - Performs secretarial duties, word processing and other customer-oriented clerical duties.
5. Service & Sales - Includes services related to travel, catering, shop sales, housekeeping, and maintaining law and order.
6. Skilled agricultural and fishery workers - Consists of growing crops, breeding or hunting animals, catching or cultivating fish, etc.
7. Craft & Trades - Main tasks consist of constructing buildings and other structures, making various products. Includes handicrafts.
8. Plant and machine operators - Main tasks consist of driving vehicles, operating machinery, or assembling products.
9. Elementary Occupations – Includes simple and routine tasks, such as selling goods in streets, doormen, cleaning, and working laborers.
0. Armed forces - Includes army, navy, air force workers, etc. Excludes non-military police, customs, and inactive military reserves.

1. Legislators, senior officials and managers
This major group includes occupations whose main tasks consist of determining and formulating government policies, as well as laws and public regulations, overseeing their implementation, representing governments and acting on their behalf, or planning, directing and coordinating the policies and activities of enterprises and organizations, or departments. Reference to skill level has not been made in defining the scope of this major group, which has been divided into three sub-major groups, eight minor groups and 33 unit groups, reflecting differences in tasks associated with different areas of authority and different types of enterprises and organizations.

2. Professionals
This major group includes occupations whose main tasks require a high level of professional knowledge and experience in the fields of physical and life sciences, or social sciences and humanities. The main tasks consist of increasing the existing stock of knowledge, applying scientific and artistic concepts and theories to the solution of problems, and teaching about the foregoing in a systematic manner. Most occupations in this major group require skills at the fourth ISCO skill level. This major group has been divided into four sub-major groups, 18 minor groups and 55 unit groups, reflecting differences in tasks associated with different fields of knowledge and specialization.

3. Technicians and associate professionals
This major group includes occupations whose main tasks require technical knowledge and experience in one or more fields of physical and life sciences, or social sciences and humanities. The main tasks consist of carrying out technical work connected with the application of concepts and operational methods in the above-mentioned fields, and in teaching at certain educational levels. Most occupations in this major group require skills at the third ISCO skill level. This major group has been divided into four sub-major groups, 21 minor groups and 73 unit groups, reflecting differences in tasks associated with different fields of knowledge and specialization.

4. Clerks
This major group includes occupations whose main tasks require the knowledge and experience necessary to organize, store, compute and retrieve information. The main tasks consist of performing secretarial duties, operating word processors and other office machines, recording and computing numerical data, and performing a number of customer-oriented clerical duties, mostly in connection with mail services, money-handling operations and appointments. Most occupations in this major group require skills at the second ISCO skill level. This major group has been divided into two sub-major groups, seven minor groups and 23 unit groups, reflecting differences in tasks associated with different areas of specialization.

5. Service workers and shop and market sales workers
This major group includes occupations whose main tasks require the knowledge and experience necessary to provide personal and protective services, and to sell goods in shops or at markets. The main tasks consist of providing services related to travel, housekeeping, catering, personal care, protection of individuals and property, and to maintaining law and order, or selling goods in shops or at markets. Most occupations in this major group require skills at the second ISCO skill level. This major group has been divided into two sub-major groups, nine minor groups and 23 unit groups, reflecting differences in tasks associated with different areas of specialization.

6. Skilled agricultural and fishery workers
This major group includes occupations whose tasks require the knowledge and experience to produce farm, forestry and fishery products. The main tasks consist or growing crops, breeding or hunting

animals, catching or cultivating fish, conserving and exploiting forests and, especially in the case of market-oriented agricultural and fishery workers, selling products to purchasers, marketing organizations or at markets. Most occupations in this major group require skills at the second ISCO skill level. This major group has been divided into two sub-major groups, six minor groups and 17 unit groups, reflecting differences in tasks associated with differences between market-oriented and subsistence agricultural and fishery workers.

7. Craft and related trades workers
This major group includes occupations whose tasks require the knowledge and experience of skilled trades or handicrafts which, among other things, involves an understanding of materials and tools to be used, as well as of all stages of the production process, including the characteristics and the intended use of the final product. The main tasks consist of extracting raw materials, constructing buildings and other structures and making various products as well as handicraft goods. Most occupations in this major group require skills at the second ISCO skill level. This major group has been divided into four sub-major groups, 16 minor groups and 70 unit groups, reflecting differences in tasks associated with different areas of specialization.

8. Plant and machine operators and assemblers
This major group includes occupations whose main tasks require the knowledge and experience necessary to operate and monitor large scale, and often highly automated, industrial machinery and equipment. The main tasks consist of operating and monitoring mining, processing and production machinery and equipment, as well as driving vehicles and driving and operating mobile plant, or assembling products from component parts. Most occupations in this major group require skills at the second ISCO skill level. This major group has been divided into three sub-major groups, 20 minor groups and 70 unit groups, reflecting differences in tasks associated with different areas of specialization.

9. Elementary occupations
This major group covers occupations which require the knowledge and experience necessary to perform mostly simple and routine tasks, involving the use of hand-held tools and in some cases considerable physical effort, and, with few exceptions, only limited personal initiative or judgment. The main tasks consist of selling goods in streets, door keeping and property watching, as well as cleaning, washing, pressing, and working as laborers in the fields of mining, agriculture and fishing, construction and manufacturing. Most occupations in this major group require skills at the first ISCO skill level. This major group has been divided into three sub-major groups, ten minor groups and 25 unit groups, reflecting differences in tasks associated with different areas of work.

0. Armed forces
Members of the armed forces are those personnel who are currently serving in the armed forces, including auxiliary services, whether on a voluntary or compulsory basis, and who are not free to accept civilian employment. Included are regular members of the army, navy, air force and other military services, as well as conscripts enrolled for military training or other service for a specified period, depending on national requirements. Excluded are persons in civilian employment of government establishments concerned with defense issues: police (other than military police); customs inspectors and members of border or other armed civilian services; persons who have been temporarily withdrawn from civilian life for a short period of military training or retraining, according to national requirements, and members of military reserves not currently on active service. Reference to a skill level has not been used in defining the scope of this major group.

E9. Does someone contribute the majority if your support?

E9 Does someone contribute the majority of your support?

0 - No 1 - Yes ☐

- Is patient primarily financially supported on a regular basis from family/friends. Include spouse's contribution; exclude support by an institution. "Housing" is considered the majority of someone's support.

Intent/Key points: To record information about additional sources of financial support. Ascertain whether the patient is receiving any regular support in the form of cash, housing or food from a friend or family member, not an institution. A spouse's contribution to the household is included.

Suggested Interviewing Techniques: Ask as written, with examples. Stress that you mean financial support. Help the patient to understand that financial support can mean housing and food, as well as cash.

"Mr. Smith, is anyone currently contributing to your support? For example, is anyone allowing you to stay with them? Is anyone putting money toward your bills? Does your wife work?"

"Is the support that you are receiving the majority of your support?"

Note: Clients who are living with their parents may get defensive if you ask them directly about whether their parents are helping them financially. There is no need to press them to admit that their parents are helping them. You already have information about their current address (see "Current Address" on front page). If they report that they aren't paying any room and board, you may code item #9 as Yes. You might consider asking, "Are you receiving money from any source other than your parents?"

Coding Issues:
If the information from Item #s 12 to 17 does not confirm the initial response from item #9, then clarify any discrepancy.

Record information only about financial support from individuals, not institutions, such as the Department of Public Assistance.

Cross-check item with:
Employment/Support item #s 12-17 (support)

E10. Which of these represents how you spent the majority of the past three years?

E10. Which of these represents how you spent the majority of the past three years? ☐

1. Full time (35+ hours)
2. Part time (regular hours)
3. Part time (irregular hours)
4. Student
5. Military
6. Retired/Disability
7. Unemployed
8. In controlled environment
9. Homemaker

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

Intent/Key points:
The interviewer should determine which choice is most representative of the past 3 years, not simply the most recent. Full time work is regular and greater than 35 hours per week. Regular part-time work is a job in which the patient has a work schedule less than 35 hours per week but it is regular and sustained. It doesn't have to be the same hours each week. Irregular part-time work refers to jobs in which the patient works on a part-time basis but not has worked on a reliable schedule such as seasonal jobs. When there are equal times in more than one category, record that which represents the most current situation.

Suggested Interviewing Techniques: It may take a series of questions to get the correct response to this item. Depending on the patient, you might consider beginning by asking about their current work situation, and working backwards in time. Other patients find it easier to think back to what they were doing three years ago, and work forwards.

If you know he is employed:
"Is your current job full-time? How long have you held this job?
What kind of work did you do before this job? Was that job full-time?"
If you know he is unemployed:
"How long have you been unemployed? What were you doing in your previous job?
How long did you hold that job? Was it a full-time or part-time job?"

Regardless, the information that you finally record will represent the patient's employment pattern during *most* of the past three years.

Additional Probes: Names of work places, types of schedules, etc.

Coding Issues:
Record the code that corresponds to the pattern that the patient held during the greatest part of the past three years. For example, you would code this item, "1" for a patient who worked full-time for two of the last three years, even if the patient had not worked for the past year. If the patient has been employed for the past year and a half after being unemployed for a year and a half, record that the patient was "usually" employed (the periods of employment and unemployment were equal; however the period of employment was the most recent).

Note: The option "Homemaker" was added to the Treatnet ASI. This should be coded only if the individual is an active homemaker involved in raising children and/or maintaining a household as a full-time endeavor.

E11. How many days in the past 30 did you work for pay?

E11. How many days in the past 30 did you work for pay? ☐☐ • Include days actually worked, paid sick days and paid vacation.

Intent/Key points: To record basic information about current work situation. Record number of days in which the patient was paid (or will be paid) for working. Jobs held while incarcerated or as a patient in a hospital are not counted. Paid sick days and vacation days are included here.

Suggested Interviewing Techniques: Ask as written. Emphasize that you're interested in "under the table" work also. Often patients report that they were paid for working "every day." The interviewer must clarify whether the patient worked a five day week (20), or a six day week (24). Ask for the exact number of days worked this month.

"Mr. Smith, how many days were you paid for working, including under the table work, in the past 30?"

Additional Probes:
Name of employer
Explanation for days of work missed
Days of overtime

Coding Issues:
A five day work week will be coded "20"

Cross-check item with:
Employment/Support #10 (possibly)

E12-17. How much money did you receive from the following sources in the past 30 days?

Note: For the Treatnet ASI, each country will code amounts in their own currency. For this reason, the number of spaces for entering amount has increased from 5 to 7 and spaces are entered between each 000th. ☐☐☐☐☐☐☐

Please specify type of currency used in the right-and column comments section for later comparison purposes.

For questions E12-17: How much money did you receive from the following sources in the past 30 days?
* Use your local currency.

E12. Employment? ☐☐☐☐☐☐☐
- Net or "take home" pay, include any money earned except illegal income

E13. Unemployment Compensation ☐☐☐☐☐☐☐

E14. Social Welfare ☐☐☐☐☐☐☐
- Money given by government to assist with living expenses.

E15. Pensions, benefits, social security? ☐☐☐☐☐☐☐
- Include disability, pensions, retirement, & workers' compensation and veterans benefits.

E16. Mate, family, or friends? ☐☐☐☐☐☐☐
- Money for personal expenses. Also code unreliable sources of income, windfalls (unexpected money) money from loans, inheritance. (Record ***cash*** payments only, etc.).

E17. Illegal? ☐☐☐☐☐☐☐
- ***Cash*** obtained from drug dealing, stealing, selling stolen goods, Illegal gambling, prostitution, etc.
  Do not count estimated cash value of drugs or other items obtained illegally

Intent/Key points:

12. Employment: This is net or take-home pay, any money earned except illegal income.

13. Unemployment Compensation: Money provided by an agency or government due to recent loss of a job when the loss is not due the employee's behavior or deficiencies. This would include employees losing their jobs because of "lay-offs" or "downsizing"

14. Social Welfare: This includes any money provided by a government agency to assist with living expenses. In cases where this could include coupons or vouchers for food or transportation include the cash value of these items here.

15. Pension, Benefits or Social Security: This includes pensions or benefits for disability or retirement, veteran's benefits, workman's compensation, etc.

16. Mate, Family or Friends: The purpose of this question is to determine how much additional pocket money the patient had during the past 30 days -- not to determine whether he/she was supported with food, clothing and shelter. Record only money borrowed or received from one's mate, family or friends. These refer only to cash payments given to the patient and not to an estimated value of housing and food provided. (This was assessed in item 9.). Do not record the earnings of a spouse -- just the dollars actually given to the patient to spend. This is also the place to code any money received in the past 30 days from unreliable sources of income such as windfalls (unexpected money) money from loans, inheritance, etc.

17. Illegal: This includes any money obtained illegally from drug dealing, stealing, selling stolen goods, gambling (or illicit gambling in places where gambling can be legal), etc. If patient has received drugs or other items in exchange for illegal activity, do not count the estimated cash value of these items. Simply note this in the comment sections here and again in the legal section. Again, the focus in on cash available to the patient, not an estimate of the patient's net worth.

Suggested Interviewing Techniques: Read as written, with examples for each item.

Coding Issues:
Include under "Mate, family or friends" any coincidental or windfall income from licit gambling (where appropriate), loans, inheritance, tax returns, etc., or any other unreliable source of income.

Cross-check item with:
Employment/Support status, item 9
Drug/Alcohol #19a

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

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.

Intent/Key points: Stress that these people must regularly depend upon the patient for financial support. These are not simply people to whom the patient has occasionally given money. Do not include the patient himself or a spouse who is self-supporting. Do include dependents that are normally supported by the patient but due to unusual circumstances, have not received support recently. Alimony and child support payments are included as indications of persons depending on the patient, if appropriate.

Suggested Interviewing Techniques: Read as written, with examples.

"Mr. Smith, how many people depend on you for the majority of their food or shelter? For example, are any children living with you who depend on you to buy their food for them?"

Additional Probes:
If paying child-support, is the money taken directly out of your pay check?

Cross-check item with:
Other items that refer to children or other dependents.

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

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

- Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized.
- If the patient has been incarcerated or detained all of the past 30 days, code "NN", they can't have had problems

Intent/Key points: Include inability to find work (only if patient has tried), or problems with present employment (if employment is in jeopardy or unsatisfactory, etc.).

Suggested Interviewing Techniques: The way you ask this question depends on the information that you have about the patient so far. If the patient is working, it is appropriate to ask as written, with examples.

"Mr. Smith, how many days have you had employment problems in the past 30? For example, have you been put on probation at work for any reason?"

If the patient *has not* worked in the past 30 days, you should ask a preliminary question, which is not coded.

"Have you actively looked for work in the past 30 days?"

If the answer is "yes," ask how many days the patient actively looked for work.
Record that response in item #19 and ask items #20 and #21. Refer to the number of days the patient couldn't find work as employment problems.

Additional Probes:
Nature of employment problems

Coding Issues:
It is important to distinguish if the problems reported here are simply interpersonal problems on the job (e.g., can't get along with certain members of the work force), or if the problems are entirely due to alcohol/drug use. Problems such as these would most likely be counted under the Family/Social or the Alcohol/Drug section, rather than this section.

Do not include bad feelings about employment prospects or the wish to make more money or change jobs unless the patient has actively attempted these changes and has been frustrated.

Coding of N (not applicable):
In a situation where the patient has not had the **opportunity** to work, due to incarceration or other controlled environment, it is, by definition, not possible for him/her to have had employment problems. In situations such as this where the patient has not had the opportunity to meet the definition of a problem day, the appropriate answer is an "N" and the patient rating on how troubled or bothered they are that follows should also be "N" since it depends on the problem days question.

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?

For Questions E20 & E21, ask the 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 E19=N, code N

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

Note: **The patient is rating their need for employment/support services, referrals, etc from your agency.**

Intent/Key points: These ratings are restricted to those problems identified by Item 19. For Item 21, stress that you mean help finding or preparing for a job -- not giving them a job.

Suggested Interviewing Techniques: The way you ask this question depends on the information that you have about the patient so far.

In Item #19, if the patient identified either a problem on the job, or a problem finding a job after actively looking for one, ask the questions as written:

"Mr. Smith, how troubled or bothered have you been by the employment problems that you had in the past 30 days, such as the time you spent on work probation?"

If the patient reported in Item #19 that he or she has not worked in the past 30 days, you should code #20, "0" without asking it. We assume that if the patient has not actively looked for work in the past month, he or she has not been bothered by employment problems. The interviewer should still ask #21 in the following way:

"Mr. Smith, how important would it be for you to get employment counseling?"

Additional Probes:
Job Sources contacted by the patient

Coding Issues:
In a situation where the patient has not had the **opportunity** to work, due to incarceration or other controlled environment, it is, by definition, not possible for him/her to have had employment problems. In situations such as this where the patient has not had the opportunity to meet the definition of a problem day, the appropriate answer is an "N" in the patient rating for how troubled or bothered they are since it depends on the problem days question.

Cross-check item with:
Employment/Support item #19

E23 & E24 CONFIDENCE RATINGS

CONFIDENCE RATINGS		
Is the above information significantly distorted by:		
E23. Patient's misrepresentation?	0-No 1-Yes	☐
E24. Patient's inability to understand?	0-No 1-Yes	☐

Patient Misrepresentation – Remember, this code is not used to designate "minimization" or "denial".

Poor Understanding – Remember, top 3 reasons for coding poor understanding:

1. Language barrier
2. Patient is under effects of drugs or alcohol or in withdrawal.
3. Patient is experiencing severe psychiatric or psychotic symptoms.

Please see pages 9 – 10 of this manual for complete instructions on Confidence Ratings

Drug and Alcohol Use

Introduction: The Drug/Alcohol use section of the ASI helps you to gather some basic information about the patient's substance abuse history. It addresses information about current and lifetime substance abuse, consequences of abuse, periods of abstinence, treatment episodes, and financial burden of substance abuse. We recommend that you add extra questions as you deem necessary, to complete your treatment plan.

The manual addresses the "Drug Grid," Drug and Alcohol items 1-12 in three separate sections:
a. Patient's use in the past 30 days
b. Lifetime use
c. Route of administration

We recommend that for each substance, you ask the questions pertaining to the last thirty days before you ask about lifetime use.

The following list of instructions appears on the face page of your Treatnet ASI: These will be discussed in the appropriate Q by Q instructions.

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 regular use**.
⇒ Regular use =
1. Three or more times per week
2. Binges
3. Problematic irregular use

⇒ **A**sk these questions with the following sentence stems -
→ **"**How many days in the past 30 have you used....?"
→ "How many years in your life have you regularly used....?"

D2. Alcohol to intoxication does not necessarily mean "drunk", use the words "to where you felt the effects", "got a buzz", "high", etc. instead of intoxication. As a rule, 3 or more drinks in one sitting or 5 or more drinks in one day is coded as "intoxication"

The following list of examples of drugs in each category is also on the face page of your Treatnet ASI.

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor, grain (methyl alcohol)
Heroin:	Smack, H, Horse, Brown Sugar
Methadone:	Dolophine, LAAM
Opiates:	Opium, Heroin, Fentanyl, Buprenorphine, pain killers - Morphine, Dilaudid, Demerol, Percocet, Darvon, etc.
Barbiturates:	Nembutal, Seconal, Tuinal, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinal, Doriden, etc.
Sed/Hyp/Tranq:	Benzodiazepines = Valium, Librium, Ativan, Serax, Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = Chloral Hydrate, Quaaludes
Cocaine:	Cocaine Crystal, Free-Base Cocaine or Crack, Rock, etc.
Amphetamines/:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine,
Stimulants	Speed, Ice, Crystal, Khat
Cannabis:	Marijuana, Hashish, Pot, Bango Igbo, Indian Hemp, Bhang, Charas, Ganja, Mota, Anasha
Hallucinogens:	LSD (Acid), Mescaline, Psilocybin (Mushrooms), Peyote, Green, PCP (Phencyclidine), Angel Dust, MDMA, Ecstasy.
Inhalants:	Nitrous Oxide (Whippits), Amyl Nitrite (Poppers), Glue, Solvents, Gasoline, Toluene, Etc.

*Note: Some "designer" drugs, or synthetic drugs not made in pharmaceutical companies can include more than one type of active drug. For example, the drug "Ecstasy" may include a combination of amphetamines and hallucinogenic ingredients. In these cases, code this use in both categories.

The Drug and Alcohol Grid:

ALCOHOL/DRUGS

Note: Route of Administration (ROA) Types:

1. Oral (anything swallowed)
2. Nasal (or any other sub- coetaneous membrane administration)
3. Smoking
4. Non-IV injection (such as IM or "skin popping"
5. IV (shooting directly into a vein).

●. In cases where two or more routes are used, the most serious route should be coded. The routes listed are from least severe to most severe.

		Past 30 Days	Lifetime (years)	ROA
D1	Alcohol (any use at all, 30 days)	☐☐	☐☐	☐
D2	Alcohol - to intoxication	☐☐	☐☐	☐
D3	Heroin	☐☐	☐☐	☐
D4	Methadone	☐☐	☐☐	☐
D5	Other Opiates/Analgesics	☐☐	☐☐	☐
D6	Barbiturates	☐☐	☐☐	☐
D7	Sedatives/Hypnotics/ Tranquilizers	☐☐	☐☐	☐
D8	Cocaine	☐☐	☐☐	☐
D9	Amphetamines/Stimulants	☐☐	☐☐	☐
D10	Cannabis	☐☐	☐☐	☐
D11	Hallucinogens	☐☐	☐☐	☐
D12	Inhalants	☐☐	☐☐	☐
D13	More than 1 substance (including alcohol)	☐☐	☐☐	■

D1-12: Drug and Alcohol Use Past 30 Days.

Intent/Key points: To record information about recent substance use. Record the number of days in the last thirty that the patient reported any use at all of a particular substance. **Note:** *It is important to ask **all** drug grid questions regardless of the presenting problem* (e.g., an alcoholic may be combining drugs with drinking; a cocaine user may be unaware of a drinking problem).

Suggested Interviewing Techniques: Be sure to prompt the patient with examples (using slang and brand names) of drugs for each specific category. We recommend that you ask this question as written below.

"Mr. Smith, how many days in the past thirty have you used _____?"

NOT How many times in the past thirty days.
There may be a big difference between the number of days and the number of times.
NOT...How many drinks or "lines" or "rocks" in the past thirty days.
There may be a big difference between the number of days and the number of drinks.

Note: Item #2 -- Alcohol to Intoxication -- does not necessarily mean getting drunk. In fact, it is not advisable to use the phrase "to intoxication" in asking the question since patients' interpretations of this phrase vary so widely. Instead ask the number of days the patient felt the "effects" of alcohol, e.g., got "a buzz," "high," etc. If the patient gives evidence of considerable drinking yet denies feeling the effects of the alcohol, get an estimate from the patient of how much he/she has been drinking. (He/she may be denying the effects or manifesting tolerance.). In such cases, as a rule, the equivalent of 3 or more drinks in one sitting or 5 or more in a day can be considered heavy alcohol use or "Alcohol to Intoxication" for Item 02.

Additional Probes:
Quantity of use per day
Estimated amount of money spent on the substance per day
Usage patterns (only on week-ends, for example)

Coding Issues:

1. Prescribed medication is counted if it fits into one of the 12 categories and is coded under the appropriate generic category.
2. If D5 – other opiates>0, Specify type.
3. LAAM should be recorded under "Methadone." Antagonists, such as Antabuse and Naltrexone are not recorded under the drug grid but should be noted as comments at the bottom of the page.
4. Cocaine is used in many forms and these often have different names. "Crack" or "rock" cocaine is simply the "freebased" (smokable) form of cocaine. All different forms of cocaine (e.g., crystal cocaine - snorted, freebase cocaine - smoked, crystal cocaine - injected) should be counted under the cocaine category.
5. Code Ecstasy and MDMA in D11 - Hallucinogens

Cross-check Drug/Alcohol Use items 1-12 with:
Drug/Alcohol Use, Item 13
Drug/Alcohol Use, Item 20
Drug/Alcohol Use, Item 22 (possibly)

D1-12: Drug and Alcohol Use, Lifetime Use

Intent/Key points: To record information about **extended periods** of **regular use**. The "rule of thumb" for regular when the ASI was developed in the 1980's was 3 or more times per week. However, it is true that cocaine, alcohol and even some other drugs can be regularly and severely abused in **two-day binges**. Therefore, the interviewer should probe for evidence of regular problematic use, usually to the point of feeling the effects and to the point where it compromises other normal activities such as work, school or family life. Problematic use here will generally be obvious and it should be counted even if it is less than 3 times per week. As stated on the Treatnet ASI face-sheet, the definition now includes: 1. Three or more times per week, 2. Binge use, and 3. Problematic irregular use. If there is minor, episodic, irregular use of any drug (patient used Acid for 3 months one summer), please record this under "Comments" but do not include under Items 1-12 as it does not reflect ongoing, regular use.

Suggested Interviewing Techniques: Generally, you will need to ask a number of questions to get the information that you will eventually code in the boxes in the grid. With many patients, it is possible to get a valid response by asking the question the following way:

"Mr. Smith, How many years of your life have you regularly used _____?
By regularly,

However, when interviewing patients with complicated substance use histories, it may be helpful to ask them the year that they began to use the substance regularly, and work forward in time from there.

"Mr. Smith, when did you start using alcohol regularly?"
"Since you started, have you ever abstained for over a month?"
"When did you pick up again?"

After you have recorded the periods of time that the patient has used each substance, you know what to record in the lifetime section of the drug grid. You may consider summarizing it for the patient like this:

"So Mr. Smith, it sounds like you started using cocaine regularly while you were in high school in 1978. You continued to use it regularly until 1981, when you got into treatment. You stayed clean until three months ago, when your brother died. You have been using regularly since then. So, in your lifetime, you have used it regularly for three years and three months (code three years).

Additional Probes:
Events that occurred at the same time that the patient was using (or abstaining from) a substance.
Differences in route of administration over time

Coding Issues:
1. Six months or more of regular or problematic use will be considered one year; less than six months of problematic use should be noted in the comments section but not counted as a year.

2. See **Coding Issues, Drug and Alcohol Use Past 30 Days** for other relevant coding issues.

Cross-check items with:

Drug/Alcohol Use, Item #s 13, 20, 22

D1-12: Drug and Alcohol Use, Route of Administration (ROA)

Intent/Key points: To record information about the patient's route of administration for each substance listed. The code for the administration is listed below:

1) Oral – includes anything swallowed, usually in pill or capsule form.
2) Nasal - also includes any other sub-coetaneous membrane administration such as acid absorbed in the eye, sublingual administration of pills, or alcohol or other drugs absorbed through rectal tissue.
3) Smoking – includes inhalation of any kind.
4) Non-IV injection – includes "skin-popping", intramuscular injections, etc.
5) IV injection - injecting directly into a vein.

Suggested Interviewing Techniques: Use the name of the specific drug. Provide examples.

"Mr. Smith, how are you using the cocaine? For example, are you snorting it...or are you freebasing it...are you injecting it?"

Additional Probes:
Use of drug combinations

Coding Issues:
1. In cases where two or more routes are routinely used, the most serious route should be coded.
2) Nasal includes all mucus membrane absorption
3) Smoking includes inhalation of any kind
4) Non-IV injection includes IM, skin popping, etc.

D1-12: Drug and Alcohol Use, Age of First Use

The Treatnet ASI also has an optional column for "Age of First Use" to the right of the Drug and Alcohol Grid. A majority of Treatnet participants requested this addition, however, it is entirely optional.

Intent/Key points: This item helps the interviewer evaluate the patients' recent use of drugs or alcohol and therefore, begin to evaluate the need for detoxification services.

Suggested Interviewing Techniques:

Ask only if the patient has used the drug in the past 30 days.

"Mr. Smith, I know you told me that you used heroin 25 days in the past 30, when is the last day you used heroin?

Additional Probes:
Amount of use.

Coding Issues:
If patient has not used the drug recently, do not ask date of last use. This is only used to measure recent use and assist in determining detoxification needs.

Optional: Age of First Use

☐☐ _____
☐☐ _____
☐☐ _____
☐☐ _____
☐☐ If D5>0, Specify _____
☐☐ _____
☐☐ _____
☐☐ _____
☐☐ _____
☐☐ _____
☐☐ _____
☐☐ _____

D13. Multiple Substances:

Intent/Key points: To record information about drug combinations.

Under **"Past 30 Days"** ask the patient how many days he used more than one (ASI category) substance including alcohol. Under

Under **"Lifetime Use"** ask the patient how many years he regularly used more than one substance including alcohol.

Suggested Interviewing Techniques: By reviewing the information in the drug grid, you should be able to estimate the number of days that the patient used more than one drug in the past 30, as well as the number of years he regularly used more than one substance. To insure that you are getting accurate information, ask the following:

"How many days in the past 30 have you used more than one substance per day?"
and
"How many years have you regularly used more than one substance?"

A useful technique for gathering accurate information for D13 is to begin by asking clients about the two substances they report using most frequently. For example, if you are asking about the Past 30 Days and a client has reported using Alcohol and Marijuana most frequently (for 20 & 10 days, respectively) you might ask D13 by saying, "Think about the 20 days during which you used Alcohol. Were your 10 days of Marijuana use in combination with the Alcohol?" If the usage overlaps, the lowest number possible for your code in D13 would be 10. If the usage does not overlap, move on to the next most frequently used substance and repeat your question, trying to tease apart the actual number of days on which the client used more than one substance simultaneously.

Additional Probes:
The substances which the patient used together.
Substances which the patient used within the same day, but did *not* use together.
The names of drugs that were prescribed.

Cross-check items with:
Drug/Alcohol Item #s 1-12

Note: Any time the patient has used 2 drugs (or alcohol with any other drug) for 30 of the past 30 days, the overlap (more than 1 substance per day) will always be 30.

D38. Have you ever used needles or works after someone else had used them?
D38a. How many times in the past 30 days?

If any item D3 - D11 Route of Administration = 4 or 5 (injection)	Past 30 days	Lifetime
D38. Have you ever used needles or works after someone else had used them? 0=No, 1=Yes.	☐	☐
D38a. How many times in the past 30 days?	☐☐	

Intent/Key points: To evaluate risky behavior associated with drug use.

Suggested Interviewing Techniques: Ask as written with examples.

"Mr. Smith, have you ever used needles, works or any other equipment like cotton balls or spoons, after someone else had used it?

Additional Probes:
Where do you get your works?
How do you sterilize your equipment?

Coding Issues:
Code N if no drug ROA D1 – D12 is coded 4 or 5.
D38a is number of times, not number of days.

Cross-check item with:
Medical 12 & 13 Hepatitis and HIV questions

D14a & D14b: Primary and Secondary Drugs of Abuse

D14a. Identify the primary substance of abuse: ☐☐

D14b. Identify the secondary substance of abuse: ☐☐

- Interviewer should determine the primary and secondary drugs of abuse. Code the number next to the drug in questions 01-12
- D14b can be coded N

Intent/Key points: To record the patient's current primary and secondary substances of abuse.

Enter one of the following codes from D1 – D12:

1 - ALCOHOL
3 - HEROIN
4 - METHADONE
5 - OTHER OPIATES/ANALGESICS.
6 - BARBITURATES
7 - OTHER SED/HYP/TRANQ
8 - COCAINE
9 - AMPHETAMINES
10 - CANNABIS
11 - HALLUCINOGENS
12 - INHALANTS

Suggested Interviewing Techniques: If you have to ask the question, ask it as it appears on the ASI. Allow the patient to report more than one substance as his major problem.

"Mr. Smith, which substance is your primary drug of abuse?"

Coding Issues:
Refer to the Drugs of Abuse chart on the front of your ASI to find categories that specific drugs may fit in (i.e. LSD is coded in 11=Hallucinogens). Some patients may report that legal methadone is their primary drug problem, as in the case of patients who are seeking detoxification and drug-free treatment. This can be used as the major problem in Item 14a or b in this case.

Cross-check item with:
Coding in Drug/Alcohol Items #1-12 past 30 days and lifetime.

D15. How long was your last period of voluntary abstinence from this major substance?
D16. How many months ago did this abstinence end?

D15. How long was your most recent period of voluntary abstinence from these major substance(s)?

Months ☐☐

- Most recent sobriety lasting at least one month.
  Periods of hospitalization/incarceration *do not count*.
  Periods of Antabuse, methadone, or Naltrexone use *do count*.
- Code 00 = never abstinent.

D16. How many months ago did this abstinence end? ☐☐

- If D15 = 00, then D16 = NN.
- Code 00 = still abstinent.

Months

Intent/Key points: To record details about the patient's last successful attempts at abstaining from the current problem substance. Ask the patient how long he/she was able to remain abstinent from the major drug(s) of abuse (coded in items D1 – D12). Stress that this was the **last** attempt (of at least one month) at abstinence, not necessarily the longest.

Suggested Interviewing Techniques: You may need to ask a series of questions to get accurate responses to these items.

For example, for Item #15, you may need to ask:
"Have you ever stopped using _____for over a month?"
"When was the last time you stopped using _____ for over a month?"
"Did you stay clean on your own, or were you in some sort of a controlled environment at the time?"
"How long did that period of abstinence last?"

For Item #16, you should ask:
"How many months ago did this abstinence end?"

Additional Probes:
Circumstances surrounding the periods of abstinence
Circumstances surrounding the end of the abstinence period

Coding Issues:
Periods of hospitalization or incarceration are not counted. Periods of abstinence during which the patient was taking Methadone, Antabuse or Naltrexone as an outpatient are included.

If the patient has not been abstinent for one month, enter "00" for Item #15 and "N" for item 16.

If the period of abstinence is current, enter "00" for item #16.

Cross-check item with:
Drug/Alcohol Items #1-12

D17. How many times have you had alcohol DT's?

D17.* How many times have you had:
Alcohol DT's? ☐☐

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

Intent/Key points: To record information about use of alcohol heavy enough to cause Alcohol DT's.

Suggested Interviewing Techniques: Ask as written. Follow-up with additional questions which will determine how you will code the response.

"Mr. Smith, how many times have you had alcohol DT's?"
Did you need medical attention?
"Did someone have to help you to the hospital?"

Additional Probes:
Whether or not the patient was hospitalized
Length of Hospitalization.

Coding Issues:

1. Definition of Delirium Tremens (DT's):
DT's occur 24 to 48 hours after a person's last drink. They consist of tremors (shaking) and delirium (severe disorientation). They are often accompanied by a fever. There are sometimes, but not always, hallucinations. True DT's are usually so serious that they require some type of medical care or outside intervention. Impending DT's as diagnosed by a professional would also be considered serious enough to count as DT's.

2. Problems sometimes mistaken for DT's:
DT's are not to be confused with "the shakes" which occur about 6 hours after alcohol has been withdrawn and do not include delirium.

Cross-check item with:
1. Medical Status Items #1 & M1a (possibly)

D19a. How many times in your life have you been treated for alcohol or drug abuse?
D21a. How many of these were detox only?

D19a. How many times in your life have you been treated for Alcohol or Drug abuse?

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

D21a. How many of these treatments were detox only: ☐☐

- If D19a = 00, then question D21a = NN
- Note: Code the number of treatments listed in D19a that consisted only of Detoxification and no other treatment.

Intent/Key points: To record the number of times the patient has received help for their drug or alcohol problems. The purpose of item #19a is to determine the extent to which the patient has sought extended rehabilitation versus minimal stabilization or acute crisis care. Therefore, record the number of treatments in #19a that were <u>detoxification only</u> and did not include any follow-up treatment in item D21a.

Suggested Interviewing Techniques: Ask as written.

"Mr. Smith, how many times in your life have you been treated for alcohol or drug abuse?"

"How many of those treatments involved a detox with no follow-up?"

Additional Probes:
The names of programs
Reasons for leaving programs

Coding Issues:
1. Count <u>any type</u> of alcohol or drug treatment, including detoxification, halfway houses, inpatient, outpatient counseling, and AA or NA (if 3 or more sessions) within a one month period.

2. If D19a = 0, then D20a = NN

3. Exclude “Driver's School" for D.W.I. violations.

4. Code as a single episode treatment experiences that occur in different facilities immediately following one another. For example, a patient who spends two months in a residential program followed immediately by a six month outpatient program has been involved in one treatment episode, *not* two treatment episodes. However, if the patient returns home before being admitted to the outpatient program, the outpatient program should be counted as a separate treatment episode.

Cross-check item with:
Drug/Alcohol Use, Items 1-13

D23 & D24. How much would you say you spent during the past 30 days on alcohol/drugs?

D23. How much would you say you spent during the past 30 days on alcohol? ☐☐☐☐☐☐☐

- Only count actual ***money*** spent. What is the financial burden caused by alcohol?

D24 How much would you say you spent during the past 30 days on drugs? ☐☐☐☐☐☐☐

- Only count actual ***money*** spent. What is the financial burden caused by drugs?

Intent/Key points: This is primarily a measure of financial burden, not amount of use. Therefore, *enter only the money spent, not the street value of what was used* (e.g., dealer who uses but does not buy; bartender who drinks heavily but does not buy, etc.).

Suggested Interviewing Techniques: If you probed sufficiently during the Drug/Alcohol grid, you should have information about the amount of money that the patient spends daily on each substance. By multiplying the daily dollar amount by the number of days the patient says he or she used, you will get a good estimate of the amount of money the patient spent in the last month, without even asking the question. Regardless, ask the question as written. If a patient responds that he can not possibly estimate the amount of money he spent in the past month, remind him what he told you in the drug grid.

"How much have you spent on alcohol and drugs in the past 30 days?"
"You told me that you spent about $20 a day on coke...and you used coke on sixteen days...so it sounds as if you spent at least three hundred twenty dollars on coke."

Sometimes, the patient will argue about the amount of money he spent. He may explain that although he used $320.00 worth, he only spent $200 worth because he knows people who provide him with cheap drugs. **Code only what the patient reports he spent on drugs.**

Additional Probes:
As described above, information that explains differences between the reported amounts of money spent and amount of drugs used.

Coding Issues:

1. Enter "X" only if patient cannot make a reasonable determination.
2. Don't include the dollar amount of drugs for which the patient provided services (sex for drugs, acting as a "middle man" for drug deals). Just include the amount of cash the patient put out for the drugs.

Cross-check item with:
Employment/Support item #s 12-17

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

D25. How many days in the past 30 have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? ☐☐

- Include days attended AA/NA, other support groups, OP detox, methadone or treatment, etc.

Intent/Key points: Treatment refers to any type of outpatient substance abuse therapy. This does not include psychological counseling or other therapy for non-abuse problems.

Suggested Interviewing Techniques: Ask as written below.

"Mr. Smith, how many days in the past 30 have you been treated in an outpatient setting or attended self-help groups like AA or NA?"

Additional Probes:
Names of programs
Types of meetings

Coding Issues:

1. Do include methadone maintenance, Antabuse, etc.
The fact that the patient was "officially enrolled" in a program does not count if he/she has not attended.

2. Include days attended AA, NA, or CA meetings.

3. Treatment requires personal (or at least telephone) contact with the treatment program.

D 26 & 27. How many days in the past 30 have you experienced alcohol problems/drug problems?

D26/D27. How many days in the past 30 have you experienced Alcohol (D26), Drug (D27) problems? • Include: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.	☐☐

Intent/Key points: Be sure to stress that you are interested in the number of days the patient had problems directly related to alcohol or drug use. Include craving for alcohol or drugs, withdrawal symptoms, disturbing effects of drug or alcohol intoxication, or wanting to stop and not being able to do so, etc.

Suggested Interviewing Techniques: Ask as written, with plenty of examples based on what the patient has already told you. Client's "denial" of problems may hinder the interviewer's ability to record accurate information. The interviewer should focus the question on symptoms or situations already described by the patient as problematic. For example, a patient may say, "I can handle my alcohol use. My lawyer said that I should get into treatment because it will help my DUI case." The interviewer might say, "How many days in the past 30 have you had problems related to alcohol use...such as worrying about your DUI case?" Another example follows:

"Mr. Smith, how many days in the past 30 have you experienced alcohol problems...such as the fact that you've been getting in trouble at work because of your drinking, or the fact that you have been spending all of your money on alcohol.

Additional Probes:
Thinking about using (craving)
Inability to stop using after starting
Consequences of using
Experiencing physical withdrawal symptoms

Coding Issues:
Do not include the patient's inability to find drugs or alcohol as a problem.

Cross-check item with:

Drug/Alcohol section, Items 28 - 31.
If 26=0, then 28 must equal "0" and if D30>0, a comment is needed.
If 27=0, then 29 must equal "0" and if D31>0, a comment is needed.

D/A28 & 29. How troubled or bothered have you been in the past 30 days by these alcohol or drug problems?

D/A30 & 31. How important to you now is treatment for these alcohol or drug problems?

For Questions D28+D30 (Alcohol) and D30 + D31 (Drugs), ask the patient to use the Patient Rating scale.
The patient is rating the need for additional substance abuse treatment.

D28. How troubled or bothered have you been in the past 30 days by these alcohol/drug problems? ☐

D30. How important to you now is treatment for these Alcohol/drug problems? ☐

Intent/Key points: To record the patient's feelings about how bothersome the previously mentioned drug or alcohol problems 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 response to those problems counted in Items D26 & D27.

Suggested Interviewing Techniques: When asking the patient to rate the problem, provide concrete examples of them, rather than the term "problems." For example, if the patient reports that besides worrying about a drunk driving case, he has had physical problems from alcohol, such as hangovers, the interviewer should ask Item #28 in the following way:

"Mr. Smith, how troubled or bothered have you been in the past thirty days by alcohol problems such as the hangovers that you mentioned...or the worry over your upcoming case?"

Ask Item #30 in the following way:

"Mr. Smith, important would it be for you to talk to someone about your alcohol problems...such as the hangovers that you mentioned...or the worry over your upcoming case?"

Cross-check item with:
If 26=0, then 28 must equal "0" and if D30>0, a comment is needed.
If 27=0, then 29 must equal "0" and if D31>0, a comment is needed.

D34 & D35 CONFIDENCE RATINGS

CONFIDENCE RATINGS		
Is the above information significantly distorted by:		
D34. Patient's misrepresentation?	0-No 1-Yes	☐
D35. Patient's inability to understand?	0-No 1-Yes	☐

Patient Misrepresentation – Remember, this code is not used to designate "minimization" or "denial".

Poor Understanding – Remember, top 3 reasons for coding poor understanding:

1. Language barrier
2. Patient is under effects of drugs or alcohol or in withdrawal.
3. Patient is experiencing severe psychiatric or psychotic symptoms.

Please see pages 9 – 10 of this manual for complete instructions on Confidence Ratings

D36. How many times have you tried to quit using substances without treatment?
(refer to substances coded in D14a & D14b)

D36. How many times have you tried to quit using substances without treatment? ☐☐

Intent/Key points:
To code the number of times the patient has tried to quit using drugs/alcohol without formal treatment. Can include quitting "cold-turkey", going on pilgrimages, penance, with support from a faith-based group, etc.

Suggested Interviewing Techniques: Ask as written.

Additional Probes:
What supports were used?
Was family helpful?

Coding Issues:
Count any attempt to quit without any paid or professional help.

Cross-check item with:
D14 – Drugs of choice
D15 – Past abstinence
D16 – End of previous abstinence
D19 & D21 – Prior treatment.

D37. Nicotine Use

D37. Nicotine	Past 30 Days	Lifetime (years)	Route of Admin
	☐☐	☐☐	☐

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

Intent/Key points: To record information about Nicotine use. Record the number of days in the last thirty that the patient reported any Nicotine use at all.

Suggested Interviewing Techniques: Be sure to prompt the patient with examples other than cigarettes (chewing tobacco, the patch, nicotine gum or cigars)

Additional Probes:
Quantity of use per day
Estimated amount of money spent on the substance per day
Usage patterns (only on week-ends, for example).

Coding Issues:
Nicotine is not taken into consideration when coding question D13 (multiple drug use).

Cross-check item with:
None

D39. Motivation

D39. Using the patient rating scale, how would you rate your level of agreement with the following statements?

a. I am ready to decrease my drinking. ☐

b. I am ready to decrease my drug use. ☐

c. I believe I can manage my alcohol use. ☐

d. I believe I can manage my drug use. ☐

e. I know I have a drinking or drug problem and I am motivated to work on it! ☐

Intent/Key points:
To record information about the patient's level of motivation to quit using substances.

Suggested Interviewing Techniques:
Ask as written.

Additional Probes:
Reasons for motivation.
Previous levels of motivation and results of treatment.

Coding Issues:
Use patient rating scale.
Note D30 & D31 rates importance of receiving treatment, not quitting use.

Cross-check item with:
D28 – D31: Patient Ratings.

Legal Status

Introduction: The legal status section of the ASI helps you to gather some basic information about your patient's legal history. It addresses information about probation or parole, charges, convictions, incarcerations or detainments, and illegal activities. We recommend that you add questions that you consider relevant to your patient's treatment plan. An interviewer can most efficiently gather accurate information about a patient's legal history through extensive probing in the first part of the section. For example, if a patient reports that he or she was charged with a criminal offense, the interviewer should ask whether he or she was convicted, and if so, whether any time was spent in prison. By addressing and recording these details in the early part of the section, the interviewer can move more quickly through the latter parts of the section.

Glossary of Legal Terms:

For purposes of the Treatnet ASI, the term "police officer" is used to designate any law enforcement personnel with the authority to detain or arrest someone.

Arrested: An arrest is made any time a person is taken into custody by a police officer. Being arrested does not necessarily mean that there is evidence that the person committed a crime.

Charged: Once someone is arrested, they may be charged with a crime. A charge can only be made when there is notable evidence that the person was involved in the commission of a crime.

Expunged: Sometimes a legal record can be expunged. When a record is expunged, it is no longer a part of someone's accessible legal record. This may be the case in instances for example when someone has a first arrest for a minor drug charge. The person may be sent to treatment and upon specific conditions (completion of treatment, 2 years of providing drug-free tests); the court may expunge their record. As a result, if the person is arrested again, there will be no record of the prior legal involvement.

Probation/Parole: These conditions are used interchangeably in the ASI. Both include a period of reporting to officers of the court (parole or probation officers) for monitoring of their whereabouts, behavior, etc. Generally, probation is given instead of a prison sentence. Parole is a condition that occurs after a prison sentence is served. Typically, if someone does not contact or present to his/her probation/parole officer for an extended period of time, the officer has the authority to involve the police and have the person arrested for "probation/parole violations." By definition, arrests for probation/parole violations always constitute a charge and a conviction.

L1. Was this admission prompted or suggested by the criminal justice system?
L2. Are you on probation or parole?

L1. Was this admission prompted or suggested by the criminal justice system?	0 - No 1 -Yes	☐
L2. Are you on parole or probation? • Note duration and level in comments.	0 - No 1 - Yes	☐

Intent/Key points:
To record information about the relationship between the patient's treatment status and legal status. For item #1, enter "1" if any member of the criminal justice system was responsible for the patient's current admission or generally, if the patient will suffer undesirable legal consequences as a result of declining or not completing treatment. For item #2, enter "1" if the patient is currently on probation or parole.

Suggested Interviewing Techniques:
Ask both questions as written. Provide examples of referral sources that are related to the criminal justice system to clarify any confusion related to item #1.

For Example:
"Mr. Smith, was your admission to this treatment program prompted or suggested by the criminal justice system, like a lawyer or probation officer (did you decide to come here on your own, or was it your family that persuaded you to seek help here)?"

For item #2, if a patient says that he or she is currently on probation or parole, ask for additional details.

For Example:
"What was the charge that resulted in probation?"
"How long have you been on probation? When will your probation period end?"

Additional Probes:
Who suggested to the patient that he/she come to treatment now?
Circumstances surrounding the referral
Federal or State probation or parole
Name of probation or parole officer

Cross-check item with:
Legal Status, Items L3-L16

L3-16. How many times have you been arrested and charged with the following?

How many times in your life have you been arrested and charged with the following:			
L3 * Shoplift/Vandal	☐☐	L10* Assault	☐☐
L4 * Parole/Probation Violations	☐☐	L11* Arson	☐☐
L5 * Drug Charges	☐☐	L12* Rape	☐☐
L6 * Forgery	☐☐	L13* Homicide/Mansl.	☐☐
L7* Weapons Offense	☐☐	L14* Prostitution/Sex Work	☐☐
L8* Burglary/Larceny/B&E	☐☐	L15* Contempt of Court	☐☐
L9 * Robbery	☐☐	L16* Other: _____	☐☐

- 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.

Intent/Key points:
This is a record of the number and type of arrest counts with official charges **(not necessarily convictions)** accumulated by the patient during his life. These include only formal charges not times when the patient was just picked up or questioned. Do not include juvenile (under age of 18) crimes, unless the court tries the patient as an adult, which may happen in cases of particularly serious offenses.

NOTE: The inclusion of adult crimes only is a convention adopted for our purposes alone. We have found it is most appropriate for our population. The use of the ASI with different populations may warrant consideration of juvenile legal history.

Suggested Interviewing Techniques:
If a patient responds that he or she has been charged with an offense, we recommend that you ask for details (e.g., whether the patient was convicted or not, whether the patient was incarcerated, paid a fine, or spent time on probation). By gathering information early, it will help to simplify the specifics from patients with complicated legal histories. We recommend that you ask the question as written, probing regularly to get the most comprehensive description possible.

For Example:
"Mr. Smith, how many times in your life have you been charged with _____?"

If the patient reports that he or she was charged:

"What happened with that charge? Was it dropped, or were you convicted of it?"
If the patient reports that he or she was convicted:
"What happened when you were convicted, did you spend time in prison, pay a fine, get probation??"

Additional Probes:
The years in which they were charged with each offense
Details surrounding each criminal act
Significant life events occurring at the same time as each charge

Coding Issues:
1. Include arrests for criminal acts that occurred during military service but do not include those that have no civilian life counterpart (e.g., AWOL, insubordination). Non-civilian charges should be noted in the comments section.

2. For L10-L13, include attempts at these crimes (e.g. attempted robbery, attempted rape) in addition to a charge for the actual crime. (For example, charges of attempted robbery would be coded with robbery.) This is due to the severity of the infraction.

3 “Contempt of court" is any charge levied by a judge for such behaviors as disruption of court, refusal to participate when ordered to, failure to pay support or alimony payments, etc.

4. Examples of “other” crimes for item L16 include (but is not limited to) child pornography, aiding and assisting a felon, and any other criminal charges applicable in your country that do not fit into any category L1 – L15.

L17. How many of these charges resulted in convictions?

L17* How many of these charges resulted in convictions? ☐☐

- If L3-16 = 00, then question L17 = "NN".
- Do not include misdemeanor offenses from questions L18-20 below.
- Convictions include fines, probation, incarcerations, suspended sentences, guilty pleas, and plea bargaining.

Intent/Key points:
To record basic information about the patient's legal history. Do not include the misdemeanor offenses (L18-20).

NOTE: Convictions include fines, probation, suspended sentences as well as sentences requiring incarceration. Convictions also include guilty pleas. If there is a charge for probation violations, it is automatically counted as a conviction.

Suggested Interviewing Techniques:
If you did not gather information about convictions through probing during L1-L16, ask as written.

"Mr. Smith, how many of these charges resulted in convictions?"

Additional Probes:
Whether or not the patient was incarcerated

Coding Issues:
If L3-L16 are all "00", L17 = "NN"

Cross-check item with:
Legal Status, L24

How many times have you been charged with the following?
L18. Disorderly conduct, vagrancy, public intoxication
L19. Driving while intoxicated
L20. Major driving violations

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.	☐☐

Intent/Key points: Charges included in L18 generally relate to being a public annoyance (without the commission of a specific crime.) Driving violations counted in L20 are moving violations (speeding, reckless driving, leaving the scene of an accident, etc.) This does not include vehicle violations, registration infractions, parking tickets, etc.

Suggested Interviewing Techniques:
Ask as written:

"Mr. Smith, how many times have you been charged with the following: disorderly conduct, vagrancy, or public intoxication?"

Additional Probes:
Outcomes of the charges

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

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. Months

Intent/Key points:
For L21, enter the total number of months spent in jail (whether or not the charge resulted in a conviction), prison, or detention center in the patient's life since the age of 18. Record months incarcerated before the age of 18 if the patient was detained as an adult while still a juvenile. If the number equals 100 months, or more, enter "99," and note the details in the comments section. Count as one month any period of incarceration two weeks or longer.

Suggested Interviewing Techniques:
Ask as written:
"How many months have you been incarcerated in your life?"

Additional Probes:
Details of unusual periods of incarceration (i.e. serving time for two convictions concurrently)

Coding Issues:
1. Make sure that you code the total number of **months** that the patient was incarcerated. **DO NOT** code the number of individual overnight incarcerations. For example, a client who frequently gets into fights at bars may report getting thrown in jail over thirty times for a night apiece. Do not count this situation as 30 incarcerations, as together they would only equal roughly a month of jail time.

2. If the patient has never been incarcerated for over a month, code L21 with "00."

Cross-check item with:
Any questions that would be effected by long periods of incarceration (i.e. the drug/alcohol grid.) For example, if a patient reports spending a long time in jail, but never reported abstaining from drug use, you should clarify whether he used drugs in jail. Record the information in the comments section.

L24. Are you presently awaiting charges, trial or sentence?
L25. What for:

L24. Are you presently awaiting charges, trial, or sentencing? ☐	0 - No 1 - Yes
L25. What for? ☐☐	

- Use the number of the type of crime committed 03-16 and 18-20 in previous questions.
- Refers to Q. L24. If L24=No, code NN
  If awaiting on more than one charge, choose most severe.

Intent/Key points:
To record information about the patient's current legal status.

Suggested Interviewing Techniques:
Ask as written:
"Are you presently awaiting charges, trial or sentence for any reason?"

Additional Probes:
The date on which the sentencing will take place

Coding Issues:
1. L24 should never be coded with an "N." It should always be asked.

2. If L24 is "0," then L25 should be coded "N."

3. For L25, use the numerical code from L3-L16 that corresponds to the charge. If there are multiple charges, select the most severe.

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

L26. How many days in the past 30, were you detained or incarcerated? ☐☐ • Include being arrested and released on the same day.

Intent/Key points:
To record information about whether the patient was detained in the last 30 days.

Suggested Interviewing Techniques:
Ask as written:

"Mr. Smith, How many days in the past 30 were you detained or incarcerated?"

If he asks for the difference between an incarceration and a detainment (i.e. "Hey, didn't you ask me that question already?"), give him a few examples of detainments. For example, if he was put in jail to sleep off a binge, or detained and questioned by the police because he looked like someone who had committed a crime, you would code that he has been "detained or incarcerated in the past 30 days."

Additional Probes:
Reason(s) for being detained

Coding Issues:
Include being detained but released on the same day.

Cross-check item with:
General information, G19 and G20

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

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 Employment Question E17.

Intent/Key points:
Enter the number of days the patient engaged in crime for profit. Do not count simple drug possession or drug use. Include drug dealing, prostitution, burglary, selling stolen goods, etc.

Suggested Interviewing Techniques:
Ask as written:
"Mr. Smith, how many days in the past 30 have you engaged in illegal activities for profit?"

Additional Probes:
The type of illegal activity
Whether the patient received cash or drugs as payment for the illegal activity

Coding Issues:
Include illegal activity as "for profit" even if the patient received drugs or other goods (rather than cash) in return for the illegal activity.

Cross-check item with:
Employment/Support Status E17

L28. How serious do you feel your present legal problems are?
L29. How important to you *now* is counseling or referral for these legal problems?

For Questions L28-29, ask the patient to use the Patient Rating scale.

L28. How serious do you feel your present legal problems are? ☐
- Exclude civil problems, such as divorce, etc.

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

- **NOTE:** Patient is rating need for referral (or services) from your agency to legal counsel for defense against criminal charges.

Intent/Key Points:
To record the patient's feelings about how serious he or she feels the previously mentioned legal problems are, and the importance of getting (additional) legal counsel or referral. For L29, the patient is rating the need for referral to legal counsel so that he can defend himself against criminal charges.

Suggested Interviewing Techniques:
When asking the patient to rate the problem, use the name of it, rather than the term "problems."

For Example:
"Mr. Smith, how serious are your present legal problems...such as your upcoming burglary trial?"
"How important would it be for you to get counseling or referral for the burglary trial that you mentioned?"

Coding Issues:
Allow the patient to describe their feelings about current legal problems only, not potential legal problems. For example, if a patient reports selling drugs on a few days out of the past thirty, but has not been caught, he or she does not have any current legal problem. If the patient gets caught selling drugs, than he or she will have a legal problem.
L28 – Exclude civil problems such as divorce, etc.

NOTE: For L29, emphasize that you mean additional legal counseling or referral for those problems specified in L28.

L31 & L32 CONFIDENCE RATINGS

CONFIDENCE RATINGS	
Is the above information significantly distorted by:	
L31. Patient's misrepresentation?	0 - No ☐ 1 - Yes
L32. Patient's inability to understand?	0 - No ☐ Yes

Patient Misrepresentation – Remember, this code is not used to designate "minimization" or "denial".

Inability to Understand – Remember, top 3 reasons for coding poor understanding:

1. Language barrier
2. Patient is under effects of drugs or alcohol or in withdrawal.
3. Patient is experiencing severe psychiatric or psychotic symptoms.

Please see pages 9 – 10 of this manual for complete instructions on Confidence Ratings

Family/Social Relationships

Introduction: In this section more than any other, there is difficulty in determining if a relationship problem is due to intrinsic problems or to the effects of alcohol and drugs. In general, the patient should be asked whether he/she feels that "if the alcohol or drug problem were absent," would there still be a relationship problem. This is often a matter of some question but the intent of the items is to assess inherent relationship problems rather than the extent to which alcohol/drugs have affected relationships.

Make sure to access the quality of the relationship from the client's point of view. Example: If the client refers to his/her girlfriend as his/her marital partner, then interviewer must consider them as married throughout the rest of the family/social section.

F1. Marital Status:
F3. Are you satisfied with this situation?

F1. Marital Status:
1-Married 3-Widowed 5-Divorced
2-Remarried 4-Separated 6-Never Married ☐
• Common-law marriage = 1. Specify in comments.

F3. Are you satisfied with this situation? 0-No 1-Indifferent 2-Yes
• Satisfied = generally liking the situation. ☐
• Refers to Questions F1 & F2.

Intent/Key points: To record information about the patient's current marital status and his/her satisfaction with his current marital status. For item F1, enter the code for current marital status. For item F3, a "satisfied" response must indicate that the patient generally likes the situation, not that he/she is merely resigned to it.

Suggested Interviewing Techniques: Ask as written, but follow up with probes. . For instance, the interviewer should ask if they coded "married" for item #1, "Is this your first marriage?"

"Are you satisfied with being married?"

Additional Probes:
Reasons for dissatisfaction or separation (if applicable)

Coding Issues:

Consider the client married if he refers to his live-in relationship as married for the remainder of the questions pertaining to marriage or spousal relations.

F4. Usual living arrangements? (For the past 3 years).
F6. Are (were) you satisfied with these living arrangements?
F4a. Living arrangements past 30 days?

F4. Usual living arrangements (past 3 years):

1-With partner & children	6-With friends	
2-With 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

F6. Are/were you satisfied with these arrangements? ☐

0-No 1-Indifferent 2-Yes

F4a. Living arrangements past 30 days? (Use codes above) ☐

Intent/Key points: To record information about the patient's usual living arrangements during the past three years F4 and the past 30 days F4a. For item #F4, code the arrangement in which the patient spent most of the last three years, even if it is different from his or her most recent living arrangement. If the patient lived in several arrangements choose the most representative of the three year period. If the amounts of time are evenly split, choose the most recent situation. For patients who usually live with parents, enter the number of years residing there since age 18 in item #F5. A "satisfied" response in item #F6 must indicate that the patient generally likes the situation, not that he/she is merely resigned to it. Code for F5 is based on item F4 only. Code F4a after F5.

Suggested Interviewing Techniques: You may have to ask a number of additional questions to get accurate responses to these items. For example, you may have to provide a frame of reference (the last three years). You may consider asking the patient for information about his current living arrangements, and all previous arrangements for the past three years, as follows:
"Mr. Smith, you mentioned that you are currently living with your mother
"Is this your Mom's residence?"
"With whom were you living before you moved in with your mom?"
By recording this information, you can figure out not only which living arrangement was the most representative, but the length of each arrangement, as well.

Additional Probes:
Reasons for leaving each arrangement

Coding Issues:
1. Ask the patient to describe the amount of time spent living in prisons, hospitals, or other institutions where access to drugs and alcohol are restricted. If this amount of time is the most significant, enter an "8" for "Controlled Environment."

Cross-check item with:
General information, item #G14 and G19
All information related to recent controlled environments on the rest of the interview (if the response to #F4 is "8" Controlled Environment)

F7 & F8. Do you live with anyone who has a current alcohol problem/uses non-prescribed drugs?

Do you live with anyone who:		
F7. Has a current alcohol problem?	☐	0-No 1-Yes
F8 Uses non-prescribed drugs? (or abuses prescribed drugs)	☐	0-No 1-Yes

Intent/Key points:
Items F7 & F8 address whether the patient will return to a drug and alcohol free living situation. This is intended as a measure of the integrity and support of the home environment and **does not** refer to the neighborhood in which the patient lives. The home environment in question is the one in which the patient either currently lives (in the case of most outpatient treatment settings) or the environment to which the patient expects to return following treatment. This situation does not have to correspond to the environment discussed in items F4 & F6.

Suggested Interviewing Techniques: Since you should already have information about the patient's current living situation, you can tailor the question to the patient. For example, if the patient reports living only with his mother, you may ask this series of questions:

"Mr. Smith, Does your mother drink?" "Do you think she has a problem with alcohol?"
"Does she use non-prescribed drugs or prescribed drugs in a non-prescribed fashion?"
"Is there anyone else living at home who drinks or uses non-prescribed drugs or prescribed drugs in this way?"

Additional Probes:
Client's relationship to people who use substances (father/daughter, husband/wife)
Number of people who use substances

Coding Issues:
1. For the alcohol question (F7), code yes **only** if there is an individual with an active alcohol problem (i.e., a drinking alcoholic) in the living situation, regardless of whether the patient has an alcohol problem.

2. For the drug use question (F8), code yes if there is **any form of drug use** in the living situation, regardless of whether that drug using individual has a problem or whether the patient has a drug problem.

F9. With whom do you spend most of your free time?
F10. Are you satisfied with spending your free time this way?

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 ☐

- A satisfied response must indicate that the person generally likes the situation.

F10 refers to Question F9.

Intent/Key points: The response to item F9 is usually easy to interpret. Immediate and extended family as well as in-laws are to be included under "Family" for all items that refer to "Family." "Friends" can be considered any of the patient's associates other than family members, and related problems should be considered "Social."

Suggested Interviewing Techniques: Ask as written, with examples.
"Mr. Smith, with who do you spend most of your free time...your family, friends or alone...?"
Are you satisfied with spending your free time this way?"

Additional Probes:
Details about free time (going to movies, using drugs)

Coding Issues:
A "satisfied" response to item F10 must indicate that the patient generally likes the situation, not that he/she is merely resigned to it.

IMPORTANT: Some patients may consider a girlfriend/boyfriend with whom they have had a long standing relationship, as a "family member." In such cases he/she can be considered a family member. If you have coded this person as a "family member" here, also consider him/her as a family member in questions F30, F32 and F34 and as a "spouse" in question F21. Don't consider him a close friend for item F11.

Cross-check item with:
Family/Social status F11 (possibly)

F11a. How many of your close friends use drugs or abuse alcohol?

F11a. How many of your close friends use drugs or abuse alcohol? ☐ Note: If patient has no close friends, code "N"

Intent/Key points: Stress that you mean close. Do not include family members or a girlfriend/boyfriend who is considered to be a family member/spouse.

Suggested Interviewing Techniques:
"Mr. Smith, how many of your close friends, people in your life that your trust (outside of your family) use drugs or abuse alcohol?"

Additional Probes:
Amount of contact with close friends

Cross-check item with:
Other items in the interview that address close relationships.

Coding Issues:
If patient has no close friend, code F11a as "N"

F18-26. Have you had significant periods in which you have experienced serious problems getting along with...?

Have you had significant periods in which you have experienced serious problems getting along with:	0 – No, 1 - Yes Past 30 days	In Your Life
F18. Mother	☐	☐
F19. Father	☐	☐
F20. Brother/Sister	☐	☐
F21. Partner/Spouse	☐	☐
F22. Children	☐	☐
F23. Other Significant Family (specify)_____	☐	☐
F24. Close Friends	☐	☐
F25. Neighbors	☐	☐
F26. Co-workers	☐	☐

- "Serious problems" mean those that endangered the relationship.
- A "problem" requires contact of some sort, either by telephone or in person.
  If no contact code "N" If no relative (ex: no children) Code N.

Intent/Key points: To record information about extended periods of relationship problems. These items refer to serious problems of sufficient duration and intensity to jeopardize the relationship. They include extremely poor communication, complete lack of trust or understanding, animosity, constant arguments.

Suggested Interviewing Techniques: It is recommended that the interviewer ask the lifetime question from each pair, first. For example, "Have you ever had a significant period in your past which you experienced serious problems with your father?" Regardless of the answer the interviewer should inquire about the past 30 days. However, the interviewer should first inquire about whether there has been recent contact. "Have you had any personal or telephone contact with your father in the past 30 days?" (If "No", record an "N" in the "Past 30 Days" column) If "Yes", ask: How have things been going with your father recently? Have you had any serious problems with him in the past 30 days?" Remember, lifetime and the past 30 days are separate and distinct time periods.

Additional Probes:
Nature of the problem. Facts about relationships (Number of siblings, children).

F18 – F26 Coding Issues:

1. It is possible that a patient could have had serious problems with a father in the past but because of death, not have a problem in the past month. The correct coding in this case would be "yes" under lifetime and "N" under past 30 days.

2. Item F21 may include any regular, important sexual relationship.

3. IMPORTANT: Understand that the "Past 30 Days" and the "Lifetime" intervals in items F18 to F29 are designed to be considered separately. The past 30 days will provide information on recent problems while lifetime will indicate problems or a history of problems before the past 30 days.

4. It is particularly important for interviewers to make judicious use of the "N" and "X" responses to these questions. In general, a "yes" response should be recorded for any category where at least one member of the relative category meets the criterion. In contrast, a "**no**" response should **only** be counted if all relatives in the category fail to meet the criterion.

5. People coded need not be “blood-relatives”. Any father figure, step brother, etc. can count here.

6.If the patient has not been in contact with the person in the past 30 days it should be recorded as "N." An "N" should also be entered in categories that are not applicable, e.g., in the case of a patient with no siblings.

7. An "N" should be coded for all categories where there is either no relative for the category or no contact with the relative.

F28 & F29. Has anyone ever abused you:

Has anyone ever abused you?	0- No 1-Yes	
	Past 30 days	In Your Life
F28. Physically? • Caused you physical harm.	☐	☐
F29. Sexually? • Forced any sexual advances/acts.	☐	☐

Intent/Key points: These items have been added to assess what may be important aspects of the early home life for these patients (lifetime answers) and to assess dangers in the recent and possibly future environment (past 30 days' answers). It will be important to address these questions in a supportive manner, stressing the confidentiality of the information and the opportunities for the patient to raise this in subsequent treatment sessions with an appropriate provider.

Physical abuse will generally be coded by what the patient reports and it is understood that it will be difficult to judge whether the "actual" abuse reported would be considered abuse to another person. No attempt should be made to do this since the intent here is to record the patient's judgment. However, as a general rule, simple spankings or other punishments should not be counted as abuse unless they were (in the eyes of the patient) extreme and unnecessary. Sexual abuse is not confined to intercourse but should be counted if the patient reports any type of unwanted advances of a sexual nature by a member of either sex. Follow state laws for child or spousal abuse reporting. Disclose to the client that this information will be reported if collected due to state law. Disclose this before you ask the abuse questions.

Suggested Interviewing Techniques: Ask as written, with examples as written.
"Mr. Smith, have any of the people that I just mentioned ever abused you emotionally? For example, has anyone ever humiliated you or made you feel ashamed by calling you names?"

Additional Probes:
Others' knowledge of the abuse

Cross-check item with:
Family/Social F18-F26 (possibly)

F30 & 31. How many days in the past 30 have you had serious conflicts with your family/with other people (excluding family)?

How many days in the past 30 have you had serious conflicts:
F30. With your family? ☐☐

How many days in the past 30 have you had serious conflicts:
F31. With other people (excluding family)? ☐☐

Intent/Key points: Conflicts require personal (or at least telephone) contact. Stress that you mean serious conflicts (e.g., serious arguments; verbal abuse, etc.) not simply routine differences of opinion. These conflicts should be of such a magnitude that they jeopardize the patient's relationship with the person involved.

Suggested Interviewing Techniques: Ask as written, with examples.
"Mr. Smith, how many days in the past 30 have you had serious conflicts...by serious, I mean conflicts which may have put your relationship with someone in your life in jeopardy...for example, a big blow-up...?"

Additional Probes:
The nature of the conflict (what did you fight about?)

Coding Issues:
Problem days recorded in this section should have their origins in interpersonal conflict, not substance abuse. They should be primarily relationship problems, not substance abuse problems.

F32. How troubled or bothered have you been in the past 30 days by these family problems?

F34. How important to you now is treatment or counseling for these family problems?

F33. How troubled or bothered have you been in the past 30 days by these social problems?

F35. How important to you now is treatment or counseling for these social problems?

Ask the patient to use the Patient Rating scale:

How troubled or bothered have you been in the past 30 days by:
F32. Family 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

.

Note: The patient is rating their need for you/your program to provide or refer them to family services, above and beyond any services they may already be getting.

Ask the patient to use the Patient Rating scale:

How troubled or bothered have you been in the past 30 days by: ☐
F33. Social problems?

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

Note: The patient is rating their need for you/your program to provide or refer them to these types of services, above and beyond treatment they may already be getting somewhere else.

Intent/Key Points: To record the patient's feelings about how bothersome any previously mentioned family or social problems have been in the last month, and how interested they would be in receiving (additional) counseling. These refer to any dissatisfaction, conflicts, or other relationship problems reported in the Family/Social section.

Suggested Interviewing Techniques: When asking the patient to rate the problem, mention it specifically, rather than using the term "problems." For example, if the patient reports being troubled by problems with his mother in the last thirty days, ask the patient question F32 in the following way:

"Mr. Smith, how troubled or bothered have you been in the past thirty days by the problems that you have had with your mother?"
Ask the patient question F34 in the following way:

"Mr. Smith, how important is it for you to talk to someone about the problems that you and your mother have been having?"

Additional Probes:
Details of the problems

Coding Issues:

Do include the patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends.

For Item F34, be sure that the patient is aware that he/she is **not** rating whether or not his/her family would agree to participate, but how badly he/she needs counseling for family problems in whatever form.

Cross-check item with:
Other items in the section that refer to problems. Problems related to family and social relationships may be recorded in many places throughout the section. For example, dissatisfaction with marital status (item F3) living arrangements (item F6), or free time (item F10) may be reported. In addition, patients may indicate a need for treatment to address serious problems (item F18-F26), or serious conflicts (item #s F30, F31).

F39. How many children do you have?
F39a. How many of these are under age 18?

	Living with you	Living outside your home
F39. How many children do you have?	☐☐	☐☐
F39a. How many of these are under age 18	☐☐	☐☐

Intent/Key points:
Identify the number of children the patient has or had who are both living with them or living outside their home. This also gives an indication of the number of people who may depend on the patient and the dynamics at home.

Suggested Interviewing Techniques:
Ask a written or in a general conversation about children.

"Mr. Jones, How many children have you had? What are their ages? Do they all live with you?"

Additional Probes:
Ask children's names, ages.
Do any children have drug or alcohol problems?

Coding Issues:
Code any child the patient has helped raised or provided shelter for (biological children, step children, etc.).
If no children, code "NN"

Cross-check item with:
E18 – Number of dependents
F4 and F4a – Living situation

F37 & F38: CONFIDENCE RATINGS

CONFIDENCE RATING		
Is the above information significantly distorted by:		
F37. Patient's misrepresentation?	0-No 1-Yes	☐
F38. Patient's inability to understand?	0-No 1-Yes	☐

Patient Misrepresentation – Remember, this code is not used to designate "minimization" or "denial".

Inability to Understand – Remember, top 3 reasons for coding poor understanding:

1. Language barrier
2. Patient is under effects of drugs or alcohol or in withdrawal.
3. Patient is experiencing severe psychiatric or psychotic symptoms.

Please see pages 9 – 10 of this manual for complete instructions on Confidence Ratings

Psychiatric Status

Introduction: When administering this section, it is important to remember that the ASI should be considered a screening tool rather than a diagnostic tool. Therefore, a patient need not meet diagnostic criteria for a symptom to have experienced the symptom. Further, the ASI will not provide definitive information on whether drug problems preceded psychiatric problems, or vice versa. All symptoms other than those associated with drug effects should be counted in this section. For example, depression and sluggishness related to detoxification should not be counted, whereas depression and guilt associated with violating a friend's trust or losing a job should be counted.

How many times have you been treated for any psychological or emotional problems?
P1. In a hospital or inpatient setting?
P2. Outpatient/private patient?

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

P1* In a hospital or inpatient setting? ☐☐

P2* Outpatient/private patient? ☐☐

- Do not include substance abuse, employment, or family counseling.
- Treatment episode = a series of continuous visits or treatment days, not the number of visits.

Intent/Key points:
This includes any type of treatment for any type of psychiatric problem. This does not include substance abuse, employment, or family counseling. The unit of measure is a treatment episode (usually a series of fairly continuous visits or treatment days), not the specific number of visits or days in treatment.

If the patient is aware of his/her diagnosis, enter this in the comments section.

Suggested Interviewing Techniques: Ask as written.
"How many times have you been treated for any psychological or emotional problems?"

Additional Probes:
Names of programs, length of time at program, reasons for leaving each program

Coding Issues: Count any psychiatric treatment received while the client was in a hospital or inpatient setting. The patient does not need have to be in a *psychiatric hospital*, s/he simply needs to be receiving psychiatric services while in a hospital or residential setting. Do not include simple psychiatric evaluations (not followed by actual treatment) regardless of setting.

P3. Psychiatric Disability?

P3. Do you receive financial support for a psychiatric disability? Can be from government or employer, etc.	☐ 0-No 1-Yes

Intent/Key points:
To identify if the patient receives any financial support from an institution for a psychiatric disability. Does not include support from family or friends. Can be ongoing alms from a religious institution etc.

Suggested Interviewing Techniques: Ask as written, with examples

"Mr. Smith, are you receiving any financial support for any psychiatric problems from any source such as the government, employer, ongoing alms or anything like that?"

Pensions for physical problems of the nervous system (e.g., epilepsy, etc.) should be counted under Item 5 in Medical Section, not here. Can be from government or employers, ongoing alms, etc.

Additional Probes:
Details of the support such as source and amount.
Details of the psychological problem that warranted the support.

Cross-check item with:
Employment/Support item #15

P4. Depression
P5. Anxiety

Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have:		**0-No 1-Yes**	
		Past 30 Days	**Lifetime**
P4.	Experienced serious depression-sadness, hopelessness, loss of interest?	☐	☐
P5.	Experienced serious anxiety/tension uptight, unreasonably worried, inability to feel relaxed?	☐	☐

P4. Experienced serious depression suggested by sadness, hopelessness, significant loss of interest, listlessness, difficulty with daily function, guilt, "crying jags," etc.

P5. Experienced serious anxiety or tension suggested by feeling uptight, unable to feel relaxed, unreasonably worried, etc.

Intent/Key points: These lifetime items refer to serious psychiatric symptoms experienced over a significant time (at least 2 weeks). The patient should understand that these periods refer only to times when he/she was not under the direct effects of alcohol, drugs or withdrawal. This means that the behavior or mood is not due to a state of drug or alcohol intoxication, or to withdrawal effects.

Suggested Interviewing Techniques: We recommend that you ask the lifetime questions before you ask the questions pertaining to the last 30 days. Regardless of the answer, the interviewer should inquire about the past 30 days.
For example:

"Mr. Smith, have you had a significant period in your life in which you have experienced serious depression?"

If the patient responds positively, then qualify his answer. You may find it helpful to ask him about the circumstances surrounding the time when he was experiencing the symptom:

"What was going on in your life that made you feel that way?"

You may decide to ask him directly.

"During that time, were you doing drugs that made you feel anxious, or was it an anxiety that occurred even when you weren't doing drugs?"

Finally, ask him about the last 30 days:

"Have you experienced any anxiety during the last 30 days?"

Additional Probes:
Circumstances surrounding the time when the patient experienced the symptom

Coding Issues:
Again, understand that the "Past 30 Days" and the "Lifetime" intervals are designed to be considered separately. The past 30 days will provide information on recent problems while lifetime will indicate problems or a history of problems prior to the past 30 days.

P6. Hallucinations
P7. Trouble Concentrating

Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have:		**0-No 1-Yes**	
		Past 30 Days	**Lifetime**
P6.	Experienced hallucinations-saw things/ heard voices that others didn't see/hear? Code other psychotic symptoms here also.	☐	☐
P7.	Experienced trouble understanding, concentrating, or remembering?	☐	☐

P6. Experienced hallucinations (saw things or heard voices that were not there)
Remember the definition of "not the **direct** result of alcohol/drug use!

P7. Experienced trouble understanding, concentrating or remembering.
Again, not the **direct** result of ingestion of or withdrawal from alcohol/drugs.

Intent/Key Points: P7 refers to serious psychiatric symptoms over a significant time (at least 2 weeks). P6 is of sufficient importance that even its brief existence warrants that it be recorded. For P6 and P7, the patient should understand that these periods refer only to times when he/she was not under the direct effects of alcohol, drugs or withdrawal. This means that the behavior or mood is not due to a state of drug or alcohol intoxication, or to withdrawal effects. It has been our experience that the patient will usually be able to differentiate a sustained period of emotional problem from a drug or alcohol induced effect. Therefore in situations where doubts exist, the patient should generally be asked directly about his/her perception of the symptoms or problems.

Suggested Interviewing Techniques: We recommend that you ask the lifetime questions before you ask the questions pertaining to the last 30 days.

"Mr. Smith, have you had a significant period in your life in which you have experienced hallucinations...when you were not doing drugs or using alcohol?"

Finally, ask him about the last 30 days:

"Have you experienced any hallucinations during the last 30 days?"

Additional Probes:
The nature of the hallucination (what the patient saw or heard)

Coding Issues:
Understand that the "Past 30 Days" and the "Lifetime" intervals are designed to be considered separately. The past 30 days will provide information on recent problems while lifetime will indicate problems or a history of problems prior to the past 30 days.

P8. Trouble controlling: violent behavior
P9. Serious thoughts of suicide
P10. Attempted suicide

Note: Patient can be under the influence of alcohol/drugs for these questions.
Have you had a significant period of time (regardless of alcohol and drug use) in which you have:

		0-No 1-Yes Past 30 Days	Lifetime
P8.	Experienced trouble controlling violent behavior including episodes of rage, or violence?	☐	☐
P9.	Experienced serious thoughts of suicide? • Patient seriously considered a plan for taking his/her life.	☐	☐
P10.	Attempted suicide? • Include actual suicidal gestures or attempts.	☐	☐

Intent/Key Points: P8, P9 and P10 are of sufficient importance that even their brief existence warrants that they be recorded. Further, the seriousness of item P8, P9, and P10 warrant inclusion even if they were caused by or associated with alcohol or drug use. Reports of recent suicide attempts or thoughts should be brought to the attention of supervisor from the treatment staff as soon as possible, even if this violates normal confidentiality guidelines.

IMPORTANT: For P9 Ask the patient if he/she has recently considered suicide. If the answer is "Yes" to this question, and/or the patient gives the distinct impression of being depressed to the point where suicide may become a possibility, notify a member of the treatment staff of this situation as soon as possible.

Suggested Interviewing Techniques: We recommend that you ask the lifetime questions before you ask the questions pertaining to the last 30 days.

> "Mr. Smith, have you had a significant period in your life in which you have experienced trouble controlling violent behavior?"

Finally, ask him about the last 30 days:
> "Have you experienced trouble controlling violent behavior during the last 30 days?"

Additional Probes:
Circumstances surrounding the symptom (What made you get violent?)
Details of their suicide plan (How were you going to do it?)

Coding Issues:
Understand that the "Past 30 Days" and the "Lifetime" intervals are designed to be considered separately. The past 30 days will provide information on recent problems while lifetime will indicate problems or a history of problems prior to the past 30 days.

P11. Has a healthcare provider recommended you take any medications for psychological or emotional problems?

	0-No 1-Yes Past 30 Days	Lifetime
P11. Has a health care provider recommended you take any medications for psychological or emotional problems?	☐	☐

- Recommended for the patient by a physician or other health care provider as appropriate. Record "Yes" if a medication was recommended even if the patient is not taking it.

Intent/Key Points: To record information about whether the patient has had psychiatric problems that warrant medication.

Suggested Interviewing Techniques: It is recommended that the interviewer ask the lifetime question from each pair, first. For example:

"Have you ever taken medication for any psychological or emotional problem?"

Regardless of the answer, the interviewer should inquire about the past 30 days.

"How about more recently? Have you taken any psychiatric medication in the past 30 days?"

Additional Probes:
The types of medication taken
The patient's perception of the reason for the medication to be taken
Whether or not the patient has been taking it as recommended.

Coding Issues:
Understand that the "Past 30 Days" and the "Lifetime" intervals are designed to be considered separately. The past 30 days will provide information on recent use while lifetime will indicate a history of medications before the past 30 days.

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

P12. How many days in the past 30 have you experienced these psychological or emotional problems? • This refers to problems noted in Questions P4-P10. ☐☐

Intent/Key Points: To record the number of days that the patient has experienced the previously mentioned psychological or emotional problems. Be sure to have the patient restrict his/her responses to those problems counted in Items P4 through P10.

Suggested Interviewing Techniques: Although many patients admit experiencing some of the individual symptoms, they may not identify them as "psychological or emotional problems." For example, they may say that although they have had trouble controlling violent behavior in the past 30 days, they have not experienced any emotional problems. ("Hey, I 'm not crazy...People mess with me, I defend myself.") Therefore, we have found it helpful to target the question to the specific symptoms reported in Items P4 – P10. For example:

"Mr. Smith, how many days in the past 30 have you experienced the anxiety (or the depression, or the trouble controlling violent behavior) that you mentioned?"

Additional Probes:
Duration of the symptom
Trigger for the symptom (if applicable)

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?

For Questions P13-P14, ask the patient to use the Patient Rating scale

P13. How troubled or bothered have you been 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 or emotional problems? ☐

Note: The patient is rating their need for you/your program to provide or refer them to psychological/psychiatric services, above and beyond treatment they may already be getting somewhere else.

Intent/Key Points: To record the patient's feelings about how bothersome the previously mentioned psychological or emotional problems 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 response to those problems counted in Items P4 through P10.

Suggested Interviewing Techniques: When asking the patient to rate the problem, use the name of it, rather than the term "psychological problems." For example, if the patient reports having trouble with serious anxiety in the last thirty days, ask the patient question P13 in the following way:

"Mr. Smith, how troubled or bothered have you been in the past thirty days by the anxiety that you mentioned?"

Ask Item P14 in the following way:

"Mr. Smith, how important would it be for you to get (additional) treatment for the anxiety that you mentioned?"

Coding Issues:
Referring to item 11, have the patient rate the severity of <u>those</u> problems in the past 30 days. Be sure that patient understands that you do not necessarily mean transfer to a psychiatric ward, or psychotropic medication.

P22 & P23 CONFIDENCE RATINGS

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	☐

Patient Misrepresentation – Remember, this code is not used to designate "minimization" or "denial".

Inability to Understand – Remember, top 3 reasons for coding poor understanding:

1. Language barrier
2. Patient is under effects of drugs or alcohol or in withdrawal.
3. Patient is experiencing severe psychiatric or psychotic symptoms.

Please see pages 9 – 10 of this manual for complete instructions on Confidence Ratings

TREATNET ASI CLOSING ITEMS

G12. Special Code - If ASI is not completed: ☐

1. Interview terminated by interviewer
2. Patient refused to finish interview
3. Patient unable to respond (language or intellectual barrier, under the influence, etc.)

Code "N" if Interview completed.

Code the answer as '1' if you terminate the interviewee. This may be due to a lack of cooperation or understanding by the client, if you feel the client is misrepresenting himself or herself, or any other reason that you determine the client to be unable to complete the interview.

Code a '2' if the client refuses to complete the interview.

Code a '3' if the client is unable to respond. This can be interpreted as an inability to comprehend the questions and answer accordingly due to being under the influence of drugs and/or alcohol, being in severe withdrawal from drugs and/or alcohol, psychological reasons, a language barrier, or an intelligence barrier.

Code 'N' if the interview was completed.

G50. Expected Treatment Modality most appropriate for patient?

G50. Expected treatment modality most appropriate for patient: ☐

G50. Modality Codes:
1=Outpatient (<5 hours per week)
2=Intensive Outpatient (≥ 5 hours per week)
3=Residential/Inpatient
4=Therapeutic Community
5=Half-way house
6=Detox – Inpatient (typically 3 – 7 days)
7=Detox Outpatient/Ambulatory
8=Opioid Replacement, outpatient (Methadone, Buprenorphine, etc)
9=Other (low threshold, GP, spiritual healers, etc.)
Specify_____

Enter the number that corresponds to the list for Modality Codes. If you select "other" you must specify the details of the program in the comments section.

APPENDICES

1. **ASI Introduction**
2. **Instructions for using "N" on the ASI**
3. **ISCO Abbreviated Categories**
4. **List of Commonly Used Substances**
5. **The "Final Three"**

Introducing the ASI

Prior to beginning the administration of the General Section of the ASI, the interviewer should properly introduce the instrument. It is critical you do more than simply list these details in order. A good introduction sets the tone, provides guidelines and helps prepare the client for what to expect during the interview. In addition, an in-depth introduction will assist you later in the interview by helping the client stay focused and understand why you are asking certain questions. For more details, see the section on "Introducing the ASI in the Q by Q.

INTRODUCING THE ASI:

1. All clients receive this **same standard interview**.

2. **Seven Potential problem areas** or Domains: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychiatric.

3. The interview will take about **50-60 minutes.**

4. **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

5. All information gathered is **confidential**

6. **Accuracy** - You have the right to refuse to answer any question, if you are uncomfortable or feel it is too personal or painful to give an answer, just tell us, "I want to skip that question." We'd rather have no answer than an inaccurate one!

7. There are **two time periods** we will discuss:
   1. The past 30 days
   2. Lifetime

Where can I code "Not Applicable (N) on the ASI?

General Information:

If G19 = No, then G20 = N.
If G20 = 30, the E19 = NN

Medical Section:

If M12 = No, then M12a = N but remember to ask M12b!
If M13 = No, then M13a = N but remember to ask M13b!
M14 = N if patient is Male
If M14 = If coded No or Unsure (0 or 2), then M14a = N
If M14 = Yes, then M14b = N

Employment/Support:

If G20 in the General Section = 30, E19 = NN
If E19 = N, E20 = N

Drug/Alcohol Section:

D1 – D12: For any item D1 through D12:
if past 30 days and lifetime use both =00, then Route of administration = N.
If D15 = 00, then D16 = NN
If D19a = 00, then D21a = NN
If D37 past 30 days & lifetime use both = 00, then Route of Administration = NN

Legal Section:

If L3 through L16 all = 00, then L17 = NN
If L24 is coded "No," L25 is coded "N."

Family/Social Section:

F11a: If patient reports having no friends, F11a = N
If F11a = N, F24 "Past 30 Days" = N.
F18 – F26 – Code N if the family/social contact does not exist
(i.e. for F22, a client with no children or F20 for a client with no siblings).
If E11 in the Employment Section is coded 00, F26 past 30 days = N
If F39 = 00, F39a = NN

Psychiatric Section:

There are no circumstances under which an "N" would be coded in this section.

Close ASI Section:

G12 "Special Code" If the interview has been completed, G12 = N.

International Standard Classification of Occupations

1. Legislators, officials – Main tasks are forming government policies, laws, regulations and overseeing implementation.

2. Professionals - Requires high level of professional knowledge in the fields of physical and life sciences, or social sciences/humanities.

3. Technicians /assoc. professionals - Requires technical knowledge, experience in fields of physical, life or social sciences, humanities.

4. Clerks - Performs secretarial duties, word processing and other customer-oriented clerical duties.

5. Service & Sales - Includes services related to travel, catering, shop sales, housekeeping, and maintaining law and order.

6. Skilled agricultural and fishery workers - Consists of growing crops, breeding or hunting animals, catching or cultivating fish, etc.

7. Craft & Trades - Main tasks consist of constructing buildings and other structures, making various products. Includes handicrafts.

8. Plant and machine operators - Main tasks consist of driving vehicles, operating machinery, or assembling products.

9. Elementary Occupations – Includes simple and routine tasks, such as selling goods in streets, doormen, cleaning, and working laborers.

0. Armed forces - Includes army, navy, air force workers, etc. Excludes non-military police, customs, and inactive military reserves.

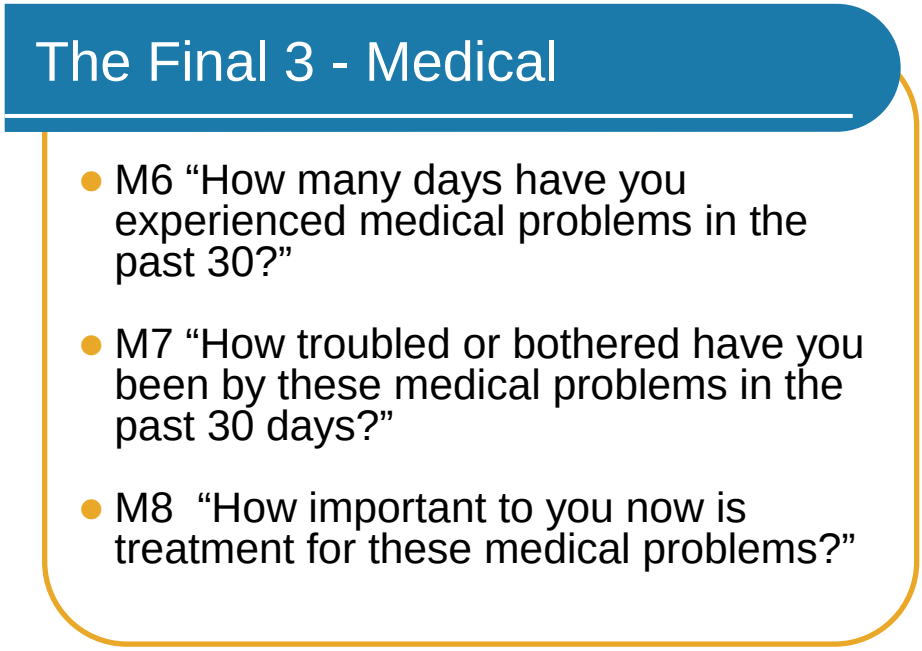
LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor, grain (methyl alcohol)
Heroin:	Smack, H, Horse, Brown Sugar
Methadone:	Dolophine, LAAM
Opiates:	Opium, Fentanyl, Buprenorphine, pain killers - Morphine, Dilaudid, Demerol, Percocet, Darvon, etc.
Barbiturates:	Nembutal, Seconal, Tuinal, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinal, Doriden, etc.
Sed/Hyp/Tranq:	Benzodiazepines = Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = Chloral Hydrate, Quaaludes
Cocaine:	Cocaine Crystal, Free-Base Cocaine, Crack, Rock, etc.
Amphetamines Stimulants	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal, Khat
Cannabis:	Marijuana, Hashish, Pot, Bango Igbo, Indian Hemp, Bhang, Charas, Ganja, Mota, Anasha
Hallucinogens:	LSD (Acid), Mescaline, Psilocybin (Mushrooms), Peyote, PCP, MDMA, Ecstasy, Angel Dust
Inhalants:	Nitrous Oxide (Whippits), Amyl Nitrite (Poppers), Glue, Solvents, Gasoline, Toluene, Etc.

Addiction Severity Index (ASI)

"THE FINAL THREE" REFERENCE GUIDE

This convention applies primarily to the medical, alcohol, drug, and psychiatric sections.



M6 Includes ANY medical (or dental) problems reported in past 30 days in items M1 – M5 or discussed in conversation. When asking these 3 items, refer to specific symptoms provided, i.e., your asthma problems, your cold symptoms, etc.

M7 Refers to symptoms reported in M6. Record the patient’s self assessment, or rating, of the degree to which s/he has been bothered by these symptoms in the past 30 days.

M8 This item again refers to symptoms reported in M6. Record patient’s rating of the degree to which s/he is interested in treatment for these symptoms- or *additional* treatment, if currently receiving services.

If the patient reports “No days of problems” in M6, then they should not have been troubled or bothered by or want treatment for medical problems.

M6, M7 & M8 are linked items. The patient can’t be troubled or bothered by non-existent problems

If the patient reports 0 days of problems and then reports being troubled or bothered, or wanting treatment, ask them what they are troubled or bothered by or what they want treatment for, then go back to M6 and identify the number of days they have had these problems or symptoms in the past 30 days.

Conversely, if the patient has 1 or more days of problems, you would expect that they were at least slightly troubled or bothered, but you cannot assume that treatment is important to them at this time. It is possible that the patient has already received treatment.

Remember – M7& M8 refer specifically to problems reported in M6.

The Final 3 Scoring - Medical

If M6 = 0, then
M7 = 0 and
M8 should be 0

If M6 > 0, then
M7 > 0, and
M8 can be any number

The Final 3 - Employment

- The "Final Three" convention does not apply to the Employment/Support section.
- Only items E19 (days of problems) and E20 (troubled/bothered rating) are linked.
- E21 is an independent rating of the patient's desire for assistance with employment issues.

E19 Includes inability to find work if they are actively looking for work, problems with the present job or problems finding additional training or education.
If patient has been incarcerated or detained all of the past 30 days, code "NN", they didn't have the opportunity to have problems.

E20 If E19 = "NN", Code E20 N

E21 This item can refers to any type of job related meetings, education, training assistance desired by the patient. Record patient's rating of the degree to which s/he is interested in treatment for these services at your program.
Stress help finding or preparing for a job or working with the current employer, not giving them a job.

The "Final Three" convention does ***not*** apply to the Employment/Support section. Only items E19 (days of problems) and E20 (troubled/bothered rating) are linked.

E21 is an independent rating of the patient's desire for assistance with employment issues. This is because days of Employment problems are coded in only 2 situations:

1. The patient is out of work and actively looking for employment (submitting applications/forwarding resumes), or
2. The patient is employed and experiencing serious problems on the job (written reprimand, suspension, significantly underemployed) that jeopardize their continued employment

Given that the definition of problem days is so narrowly defined on the ASI, item E21 is not linked to E19 and may exceed "0" even when E19=0. For example, if the patient has not had the opportunity to work

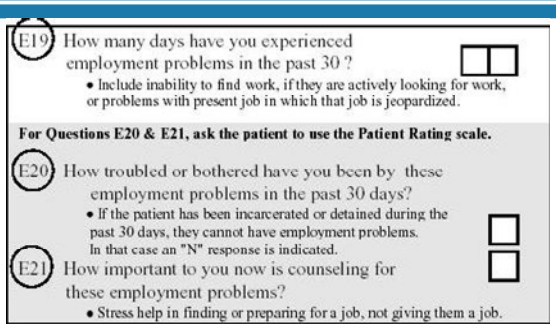
(i.e., incarceration, hospitalization), it is not possible for her/him to have experienced problem days regarding employment, however, it is possible for him/her to desire treatment for employment problems (lack or skills, unemployed, etc).

Therefore, if the patient reports "No days of problems" in E19, then they should not have been troubled or bothered by employment problems in the past 30 days, but they may report wanting treatment for employment problems (job training, job interviewing skills, GED or other educational desires, etc).

Conversely, if the patient has 1 or more days of problems, you would expect that they were at least slightly troubled or bothered, but you cannot assume that treatment is important to them at this time. It is possible that the patient has already received treatment.

Remember – Only E19 and E20 are linked in the Employment Section "Final Three"

E19 – E21: "Final 3"



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 the 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 an "N" response is indicated.

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

- E19 & E20 are linked
- If E19="0", then E20="0"
- E21 is coded independently of E19 & E20

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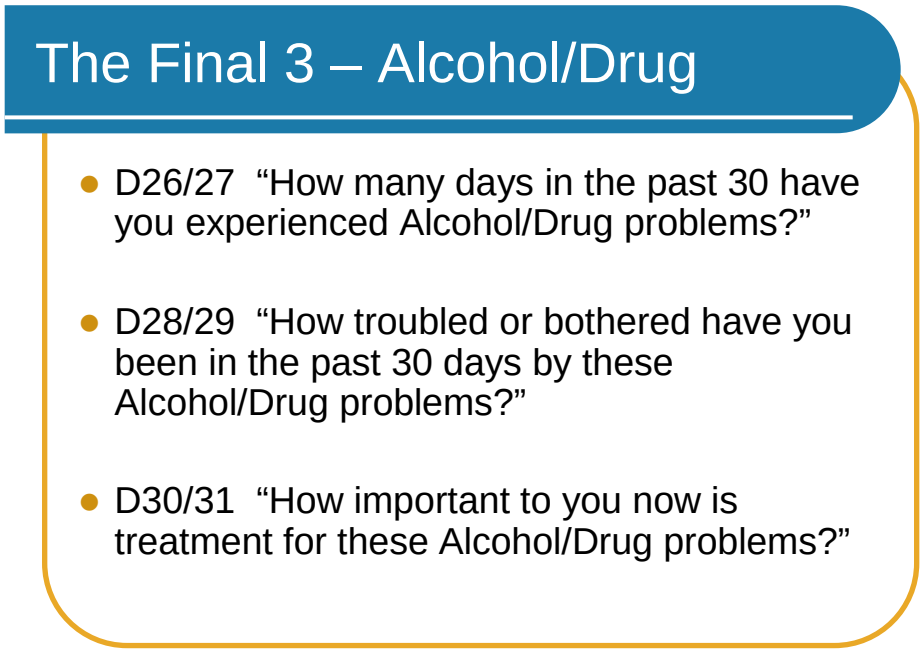


D26/27 Includes ANY medical (or dental) problems reported in past 30 days in items M1 – M5 or discussed in conversation. When asking these 3 items, refer to specific symptoms provided, i.e., your asthma problems, your cold symptoms, etc.

D28/29 Refers to symptoms reported in M6. Record the patient's self assessment, or rating, of the degree to which s/he has been bothered by these symptoms in the past 30 days.

D30/31 Refers to symptoms reported in M6. Record patient's rating of the degree to which s/he is interested in treatment for these symptoms- or *additional* treatment, if currently receiving services.

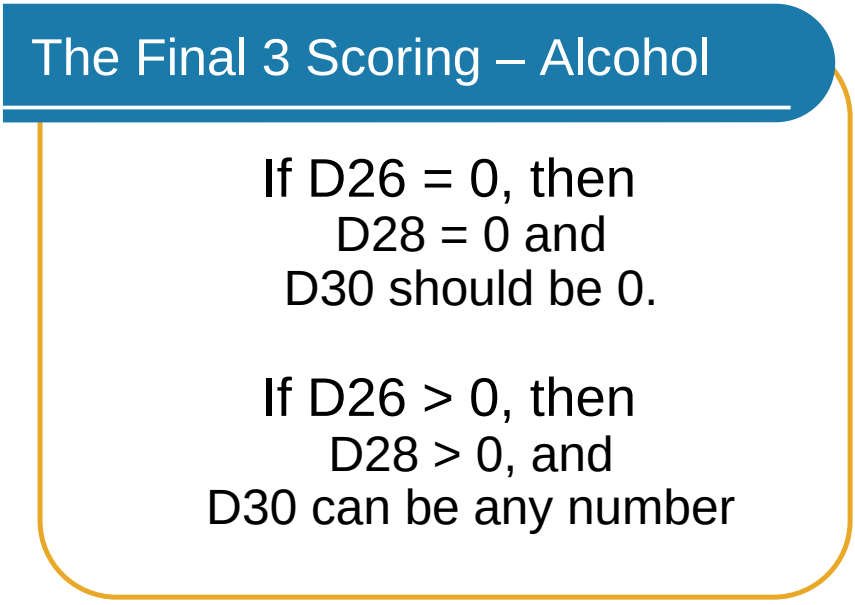
In the Drug & Alcohol sections, there are 2 "Final Three" questions:
D26, D28, and D30 refer *only* to alcohol
D27, D29, and D31 refer *only* to other drugs

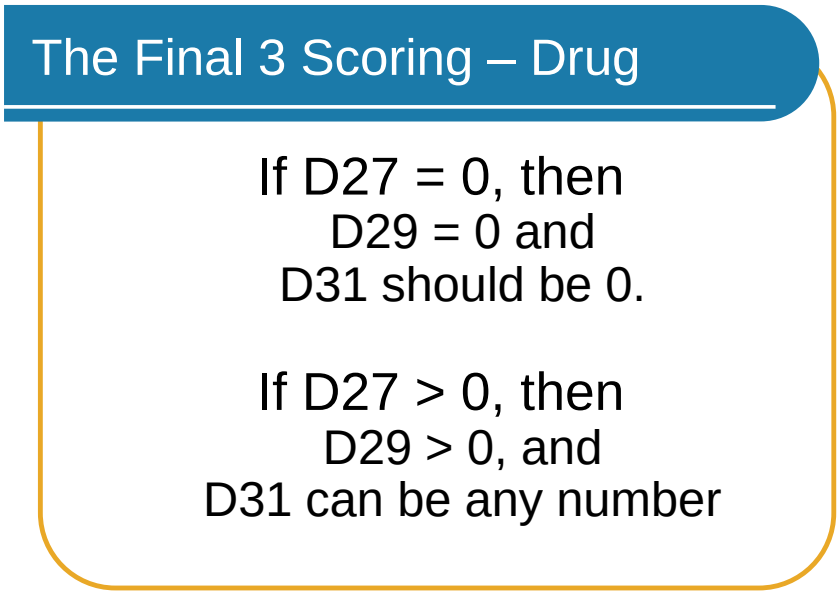
If the patient reports "No days of problems" in M26 and/or M27, then they should not have been troubled or bothered by or want treatment for alcohol or drug problems.

If the patient reports 0 days of problems and then reports being troubled or bothered, or wanting treatment, ask them what they are troubled or bothered by or what they want treatment for, then go back to either D26 or D27 and identify the number of days they have had these problems or symptoms in the past 30.

Conversely, if the patient reports 1 or more days of problems, you would expect that they were at least slightly troubled or bothered and, since they are presenting for treatment, that treatment is at least slightly important to them at this time.

Remember: D 28 – 31 refer specifically to problems reported in D26 & D27.





The Final 3 – Legal?

- L26 "How many days in the past 30 were you detained or incarcerated?"
- L27 "How many days in the past 30 have you egaged in illegal activities for profit?"
- L28 "How serious do you feel your present legal problems are?"
- L29 "How important to you now is counseling or referral for these Legal problems?"

L26 Includes being arrested and released on the same day.

L27 Includes any type of activities where there was some form or profit, not just cash. For example, having sex for cash and trading sex for drugs.

L28 Does not depend on ratings in L26 or L27. Refer to any problems the patient has been bothered by in the past 30 days.

L29 Note that the patient is rating the need for legal referral or services related to current criminal involvement.

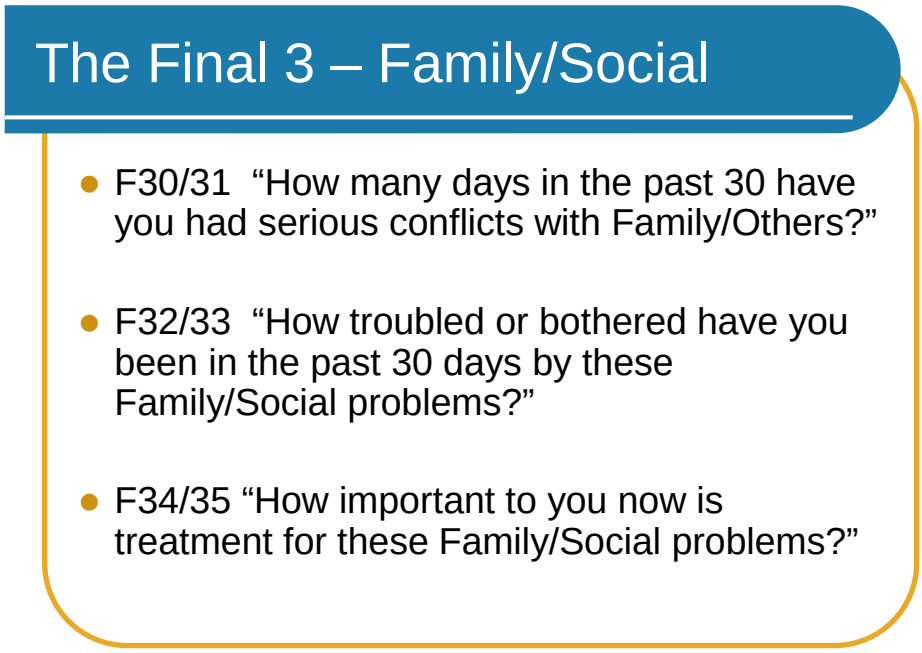
The "Final Three" convention does not apply to the Legal section. Unlike the Medical, D/A, and Psych sections, the Legal section has no single "days of problems" question.
L26 (days detained/incarcerated) and L27 (days of illegal activity) are asked and may influence the patient's ratings for L28/L29, but are not linked to those items. For example, someone could be presenting for trial for an incident that happened 6 months ago and may currently need legal council even though they were not detained or incarcerated in the past 30 days.

The Final 3 - Legal

- Note: A patient can report no days incarcerated or engaged in illegal activity for profit in the past 30, but he/she may still request counseling or referral for legal problems that occurred in prior months.

The Final 3 Scoring – Legal

- L 26 and L27 are not related to L28 and L29!
- Note that patient is rating need for Legal referral or services from your agency related to problems with current criminal charges.



F30/31 Includes only to serious conflicts, not minor disagreements.

F32/33 Does not depend on a rating in F30 or F31. Refer to any problems the patient has been bothered by in the past 30 days.

F34/35 Note that the patient is rating the degree to which s/he is interested in treatment for these problems - or for *additional* treatment, if s/he is currently receiving services.

F34 Family – Patient rating is not dependent on whether or not the family will attend treatment!

F35 – Social – Include patients need to seek treatment for such social problems as isolation, loneliness, inability to socialize, dissatisfaction with friends, etc.

In the Family/Social section, there are 2 sets of "Final Three" questions:

F30, F32, F34 refer *only* to problems with family
F31, F33, F35 refer *only* to problems with others, not family

The "Final Three" convention does not apply to the Family/Social section. Unlike the Medical, D/A, and Psychiatric sections, the Family/Social section does not have a general "days of problems" question. Instead, F30 and F31 ask the number of days the patient experienced serious conflicts with family and with others (non-family).

This is a very narrow definition of family problems as it is limits the coding to days of "serious conflicts" and by definition, includes contact (phone, or in person) with the individual(s). "Conflict" is defined as a

confrontational interaction, such as yelling, fighting, physical/verbal abuse, loss of control, etc. Conflict as defined here, also must be serious enough to "jeopardize the relationship".

The patient rating items for Family/Social, F32/F34 and F33/35 are independent of the days of conflict items and can refer to any problem(s) reported throughout the Family/Social section. Therefore, it is likely that someone may not have had "serious conflicts" in the past 30 days, but might be troubled or bothered or want treatment or counseling for other significant family problems.

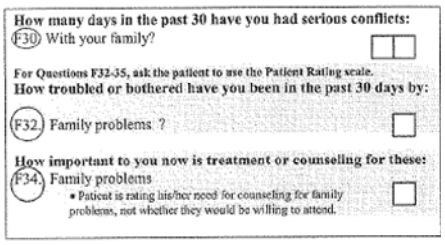
Remember–This is no link between F30 & F31 with F34–F35.

The Final 3 – Family/Support

- The "Final Three" convention does not apply to this section.
- Unlike Medical, D/A, and Psychiatric, the Family/Social questions on "days of problems" are limited to days of "serious conflicts."
- As a result, it would seem inappropriate to limit a patient's rating for treatment simply because they had no "serious conflicts."

Additional hints –

F30, 32, 34: "Final 3" Family Problems



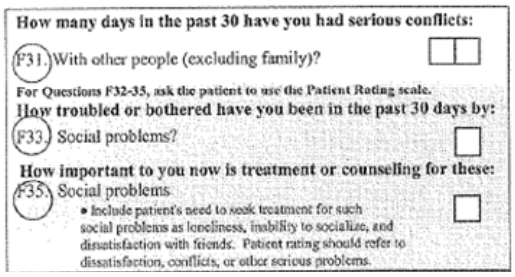
How many days in the past 30 have you had serious conflicts:
(F30) With your family? ☐☐

For Questions F32-35, ask the patient to use the Patient Rating scale.
How troubled or bothered have you been in the past 30 days by:
(F32) Family 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.

- Here Days of Family Conflict differs from F18 – F26. It refers to more immediate confrontational action, such as yelling, fighting, physical/verbal abuse and loss of control.
- Rating importance of treatment for family problems does not always mean family needs to attend counseling.

F31, 33, 35: “Final 3” Social Problems



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

F31. With other people (excluding family)? ☐☐

For Questions F32-35, ask the patient to use the Patient Rating scale.

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

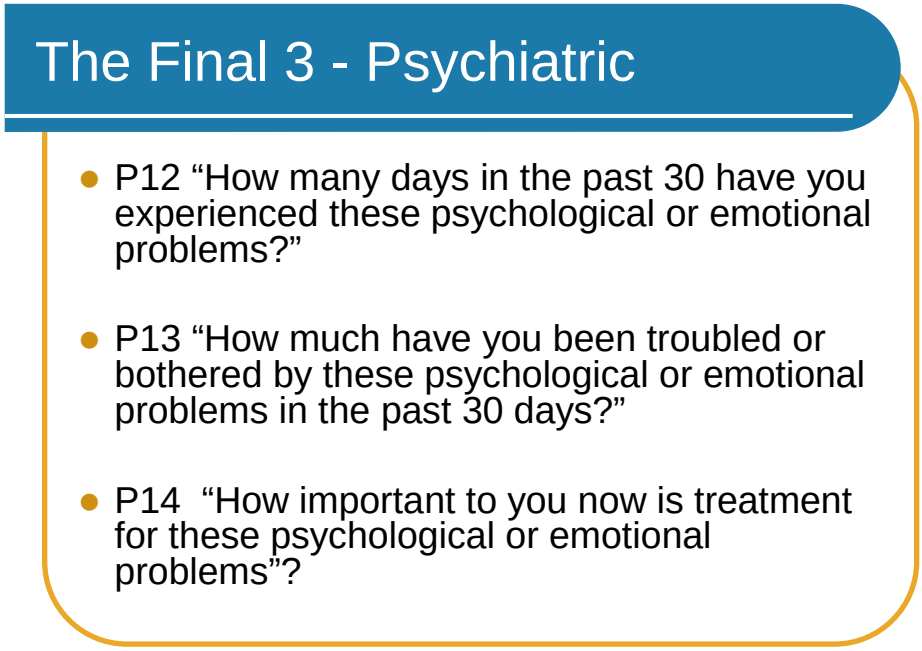
F33. Social problems? ☐

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

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.

- Here Days of Social Conflict also refer to immediate confrontational actions, such as yelling, fighting, physical/verbal abuse and loss of control with people outside of the family.
- F33. Refers to social problems that are defined by ASI questions not related to Family.
- F31-F35. Include feelings of loneliness, inability to socialize, dissatisfaction with friends.



P12 Includes ANY psychological or emotional problems reported in past 30 days in items P4 – P10. Avoid use of term psychological/emotional “problems” when asking these 3 items. Refer to specific symptoms provided, i.e., depression, anxiety, etc.

P13 Refers to symptoms reported in P12. Record the patient’s self assessment, or rating, of the degree to which s/he has been bothered by these symptoms in the past 30 days.

P14 This item again refers to symptoms reported in P12. Record patient’s rating of the degree to which s/he is interested in treatment for these symptoms- or *additional* treatment, if currently receiving services.

If the patient reports “No days of problems” in P12, then they should not have been troubled or bothered by or want treatment for these psychological or emotional problems.

P12, P13 and P14 are linked items. One can’t rate the degree bothered by non-existent problems.

If the patient reports 0 days of problems and then reports being troubled or bothered, or wanting treatment, ask them what they are troubled or bothered by or what they want treatment for, then go back to P12 and identify the number of days they have had these problems in the past 30. Probe accordingly. If new information is obtained, correct the # days recorded in P12 and obtain Patient Ratings for P13/P14.

Conversely, if the patient has 1 or more days of problems, you would expect that they were at least slightly troubled or bothered, but you cannot assume that treatment is important to them at this time. It is possible that the patient has already received treatment

Remember – P13 & P14 refer specifically to problems reported in P12.