



GUIDE TO ASI LIFE AREAS

Detailed Explanation of ASI Life Areas

Purpose:

To provide help to the AccuCare user who might have questions about of each life area found in the ASI Questionnaires

Orion Healthcare Technology

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General Information Tab

The general information section allows you to gather basic administrative information and demographic characteristics.

The series of items in the left column were designed to provide administrative information. Many facilities may wish to change this section to capture locally important information regarding insurance coverage, particular program codes, referral arrangements, case manager assignments, etc. This is entirely appropriate and even completely different face sheets may be used. Additions or changes to these items should be made freely as needed to reflect the administrative needs of your facility. Questions in the center column are generally demographic in nature and require little clarification, with the exception of item 6.

Note that the Geographic Code (in the center column) is used to help determine the socioeconomic status of clients admitted to treatment. It is not necessary and may not pertain to your facility.

G17. Race

Intent/key points: To record client's primary race.

Suggested Interviewing Techniques: Ask the question as follows: Mr.

Smith, what do you consider to be your race?

Read the list if necessary.

Additional Probes:

Coding Issues: If the client identifies more than one race, note this under Comments. Develop a special code—e.g., "Z"—for this situation and train staff to use it consistently.

Cross-check items with:

G18. Religious Preference

Intent/Key Points: To record client's current religious preference, not historical (Such as during childhood).

Suggested Interviewing Techniques: Ask the question as follows: Mr.

Smith, what is your current religious preference.

Additional Probes:

Coding Issues: Record the response or note a response under comments if it does not fall into one of the categories. Programs may wish to modify the instrument to allow for the recording of other religions (e.g., Jehovah's Witness) not specified on the ASI, depending on the client population.

Cross-check items with:

G19.-G20. Controlled Environment

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

How many days?

Intent/Key Points: To record whether or not the client 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 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. Giving client examples can help them understand what you mean by the term-controlled environment.

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:

Ask the name of the institution from which the client was released.

Ask the reason why the client was in the controlled environment (medical problems, criminal charge).

Coding Issues: If the subject is in two types of controlled environments, enter the number corresponding to the environment in which he or she spent the majority of time. In these cases, time spent in a controlled environment (item 7) will reflect the total time in all settings. If the response to item 6 is "1," enter "Z" for item 7.

Cross-check this item with:

All items which include information about the past 30 days. For example, if the client has been in a controlled environment for 25 days out of the last 30, one would assume that the client has not used substances (Drug/Alcohol Questions 1-13) on more than 5 days. If the client reports using on days in which he or she was in a controlled environment, record a comment, which explains this situation. While the availability of drugs within prisons is well documented, it is probably more difficult to get drugs in a controlled environment. Furthermore—for the purposes of treatment planning—it is useful information to learn that a client used drugs while in a controlled environment.

All of the items within the instrument which refer to the specific controlled environment. For example, if the client reports that he or she has been incarcerated for the last six months, the same information should appear in the legal section.

Medical Status Tab

The medical status section of the ASI helps you to gather some basic information about your client'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 client's treatment plan.

M1. Medical problems - times

M1. How many times in your life have you been hospitalized 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 overdoses and delirium tremens (DTs) 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 client may be prepared to tell you about psychiatric hospitalizations or drug detoxes, 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. It may help you to reinforce that you are interested in medical hospitalizations by providing examples of physical problems.

Mr. Smith, I understand that you may want to tell me about drug detoxes. I appreciate that. Remind me about those when we get to the drug/alcohol section. Right now, however, I need to record information about other medical problems.

How many times in your life have you been hospitalized overnight for physical medical problems, like get your tonsils out or for a serious illness, like pneumonia...?

Do not record a client's estimate, which 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 client's life at the time) surrounding each hospitalization in order to assist the client in giving a more accurate report. By gathering a lot of information early, through probing, you will more fully understand the client's situation. This additional information may help you to move through the interview in a more conversational fashion.

Additional Probes:

Ask the approximate age of the client at each hospitalization. Ask the name of each hospital.

Ask 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.

Recognize that clients may get treatment for fairly serious medical problems through an emergency room. Do not include treatment received through emergency room visits unless the client was kept overnight. However, note this information in the comments section.

Cross-check items with:

Medical Status item 2

M2. Last Hospitalization

M2. How long ago was your last hospitalization for medical problems? Intent/Key

Points: To record basic information about medical history. Enter the number of years and months since the client was last hospitalized for a medical problem. If the client was never hospitalized for a medical problem, enter "N."

Suggested Interviewing Techniques: Ask the question as written unless you can tell from question 1 exactly how long ago his last hospitalization occurred.

Mr. Smith, how long ago was your last hospitalization?

This question is occasionally misread as how long was your last hospitalization. You want to know how long it has been since he was hospitalized.

Additional Probes:

Ask the name of the hospital.

Ask the types of medications the client received for serious injuries.

Coding Issues: If the last medical hospitalization occurred within the previous month, code the blocks "00 01." If the patient was never hospitalized for a medical problem, enter "N."

Cross-check item with:

Medical Status item 1

M3. Chronic Medical Problems

M3. Do you have a chronic medical problem, which continues to interfere with your life?

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 client (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 client needs continued care, even if the client has grown accustomed to the care. For example, a diabetic client may report that injecting insulin daily does not 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. It may help to de-emphasize the problem's interference with the client's life in cases where the client has accepted the continued care as less of an interference than a daily routine.

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

Additional Probes:

Ask the year that the problem was diagnosed. Inquire about HIV test status.

Coding Issues: If the client states that his/her need for reading glasses or minor allergies are a chronic problem, this is a misunderstanding of the question. If the client does report a valid, chronic problem, comment on the nature of that problem in the space provided. If in doubt as to whether or not the problem is chronic, ask the client. In general, chronic problems require ongoing care or treatment (even if it is annual or seasonal).

Cross-check item with:

Medical Status item 4

M4. Prescribed Medication

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

Intent/Key Points: The purpose of this question is to validate the severity of the disorder by the independent decision by a physician to medicate the disorder. Therefore, if the medication was prescribed by a legitimate medical professional, and for the client (not someone else) for a medical (not psychiatric or substance abuse) condition, it should be counted - regardless of whether the client actually took the medication. If the client is, taking medication a physician must have prescribed it. 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 the question as written, including the name of the chronic problem from the previous question, if appropriate:

Mr. Smith, are you taking any prescribed 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:

Ask the dosage of medication.

Ask the source of the medication (name of physician, pharmacy). Ask the regularity of taking the medication.

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

Medical Status, item 3

M5. Physical disability pension

M5. Do you receive a pension for a physical disability?

Intent/Key Points: The pension must be for a physical (not psychiatric) disability.

Suggested Interviewing Techniques: As written, with examples

Mr. Smith, are you receiving a pension for any physical disability from any source, such as the VA, social security, or worker's compensation?

Additional Probes:

Ask details about the pension.

Ask details of the medical problem that warranted the pension.

Coding Issues:

Cross-check Item with:

Employment/Support item 15

M6. Days of medical problems

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

Intent/Key Points: Ask the client how many days in the past 30, he or she experienced physical/medical problems. Do not include problems directly caused only

by alcohol or drugs. Such problems include hangovers, vomiting, or lack of sleep, which would be removed if the client were abstinent. However, if the client has developed a continuing medical problem through substance abuse, which would not be eliminated simply by abstinence, include the days on which he or she experienced these problems (e.g., cirrhosis, phlebitis, or pancreatitis). Do include minor ailments such as a cold or the flue, though these ailments would warrant a low severity rating.

Suggested Interviewing Technique: Ask as written, with examples. Help the client to understand that you need to record the exact number of days that he or she experienced medical problems. For example, if the client 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 and unrelated to drug or alcohol use.

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

Additional Probes:

Ask for the exact number of days...not a guess.

Help the client by asking the number of days for each medical problem, if necessary.

Verify the total number of days with the client.

Coding Issues: If there is overlap on the number of days separated for different problems (e.g., days 1-3 for the flu = 3; days 2-7 for a cold = 5). The total number of days would be 7, not 8. Eight would only result if there were no overlap.

Cross-check item with:

Medical Status items 7 and 8

M7-M8. How bothered by medical problems

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

M8. How important would it be for you to get treatment for these medical problems?

Intent/Key Points: To record the client'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 client restrict his/her response to those problems counted in item 6. Introduce the Client Rating Scale (0-4) on a card at this time, mentioning that it will be used at the end of each section to allow the client to say which problems are most serious for him/her.

Suggested Interviewing Techniques: When asking the client to rate the problem, use the name of it, rather than the term problems. For example, if the client reports trouble with chest pains in the last 30 days, ask him or her question 7 in the following way:

Mr. Smith, how troubled or bothered have you been in the past 30 days by the chest pains that you mentioned, or any other medical problems?

Ask the client 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 any other medical problems?

If item 6 is 0, we suggest that you ask questions 7 and 8 in the following way, to double-check that the client really has not had problems.

So, Mr. Smith, it sounds like you have not had any medical problems in the past 30 days...may, I assume that you haven't been bothered by any medical problems...?

Additional Probes:

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

Cross-check item with:

Medical status, item 6. If Medical Status item 6 is "0," then item 7 and 8 must be "0" also. You cannot rate the extent to which a nonexistent problem is bothersome.

M9. Medical Status Severity Rating:

Remember the two-step derivation method for severity ratings:

Step 1: Reduce the 10-point scale (0-9) to 2 or 3 points, using only the critical objective items.

0-1 No problem, treatment not necessary

2-3 Slight problem, treatment probably not necessary

4-5 Moderate problem, treatment probably necessary

6-7 Considerable problem, treatment necessary

8-9 Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the critical objective items of the section.

CRITICAL OBJECTIVE ITEMS OF THE MEDICAL SECTION

ITEM DESCRIPTION

1 Lifetime Hospitalizations

3 Chronic problems

Step 2: Factor in the client's rating scale as described on pages 5-7. For example, if the interviewer's 3-point range is 4-5-6, and the client reports that he has been extremely bothered (rates it a 4) and he would be extremely interested in treatment for medical problems (rates it a 4), then select the highest point of the 3-point range (in this case, a 6) for the severity rating in this section.

The 6-severity rating means that treatment is necessary for the medical section. In

many cases, clients suffer from conditions, which may only be arrested, and at least for now, cannot be cured (diabetes, hypertension, epilepsy, etc.). If the client seems to be taking appropriate care of his/her condition (medication, proper diet, etc.) and it is under control, there may be no need for an additional form or type of treatment beyond the regimen he or she is currently receiving. This client's severity rating may be low since additional treatment is probably not necessary.

If the condition is serious and problematic, it should be rated as severe even if there is currently no effective treatment for that condition. However, even if the condition is serious (i.e., diabetes) it should not be rated as severe if the medical care that the client is currently receiving has brought the condition to a controlled, non-problematic state, (e.g., insulin is controlling the reported diabetes).

Employment Tab

The employment/support status section of the ASI was designed to help you to gather some basic information about the resources your client can record on a job application, as well as his or her current sources of income to use for living expenses. Clients may be hesitant to disclose information about illegally receiving money or about under-the-table payments for services such as housecleaning or repairs. For example, a client may be working while receiving unemployment benefits. They might feel unsure about whether or not they can trust you to keep information confidential. For this reason, we recommend that before you list the possible sources of income (questions 12-17), you reinforce that the information that they give you during this section will remain within the treatment program if this is consistent with your confidentiality policies.

E1. Education completed.

Intent/Key Points: To record basic information about the client's formal education. Enter the number of years and months of completed formal education. A Graduate Equivalence Diploma (GED) will be entered as 12, but should be noted. Correspondence school will not be entered here. Education that does not lead towards a degree should not be counted here. For example, art classes would not normally count, unless they were taken as part of a degree program.

Suggested Interviewing Techniques: Ask as written, however, do not forget to ask if the client received their GED. Sometimes, clients earn their GED while incarcerated. Mr. Smith, how many years of education have you completed?

Additional Probes:

Ask which college and what major, if applicable. Ask

name and location of high school.

Coding Issues: If a client received an associate's degree, record "14 00"; a bachelor's degree, "16 00"; a master's degree, "18 00"; or a doctorate, "20 00."

Cross-check item with:

E2.-E3. Training, technical education, profession, trade, skill

E2. Training or technical education completed

E3. Do you have a profession, trade or skill?

Intent/Key Points: For item 2, record basic information about the client's formal technical education or training which could be listed on a job application. Enter the number of months of formal or organized training that the client 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. An example of informal training which would not be counted is on-the-job training provided by family members. If the client answers "Yes" to item 3, note what his or her trade is. In general, a trade will be counted as any employable, transferable skill that was acquired through specialized training or education.

Suggested Interviewing Techniques: It may be helpful to ask three separate questions. The first question identifies whether or not the client 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 (local training school).

The second question (item 2) addresses the length of the course. How long did that course take to complete?

Finally, the third question (item 3) identifies the client's profession, trade or skill. The response to item 3 will not always coincide with the response to item 2 (i.e., a schoolteacher who has been trained in carpentry).

Do you have a profession, trade or skill?

Additional Probes:

Ask the name of the training institute and training received.

Ask for information about programs, which the client started, but did not finish. Ask

for information about skills, which the client has acquired without a formal training program.

Coding Issues: Use judgment in recording training during military service. Count this training only if it has potential use in civilian life and is designed to give the client 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.

If the client identifies a profession, trade, or skill, but does not make a living at it, the interviewer still should count it. The intent is to have the client identify some professional, trade, or skills, which are currently marketable or potentially marketable. For example, if a client says he or she is an artist, but does not earn a living at it, the interviewer still would count it.

Cross-check item with:

E4.-E5. Driver's license/automobile

E4. Do you have a valid driver's license?

E5. Do you have an automobile available for your use?

Intent/Key Points: This item (and item 5) are simply an indication of the opportunity to become employed, since many jobs require driving while at work or at least the ability to get to work in places where public transportation is not available. A valid driver's license is a license that has not expired nor been suspended nor revoked. Item 5 does not necessarily require automobile ownership but availability on a regular basis for personal transportation. Items 4 and 5 are to be used as indicators of the client's ability to get to and from work.

Suggested Interviewing Techniques: Ask as written. It has been our experience that some clients have a difficult time answering this question in a direct way. They may attempt to qualify their answer. For example, they may say, "My license should be valid, but I just have to take care of some tickets." Record that the client has no license and code item 5 with a "0" also.

Mr. Smith, do you have a valid driver's license?

Do you have an automobile available for your use, if you needed it to get to work every day?

Additional Probes:

Ask why the license is invalid.

Coding Issues: If the client has no valid driver's license, code items 5 with a "0," rather than an "N."

Cross-check item with:

Legal Status, items 17-18

E6. Full-time job

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

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

Suggested Interviewing Techniques: Ask as written, with emphasis on full- time.

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

It may be helpful, if the client has a difficult time answering this question as stated, to gather information about the client's current job status, and work backwards in time, recording information about all of his or her full-time jobs. Although it may seem like 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:

Ask for names of places where the client worked. Ask the reasons for leaving jobs.

Ask the years that the client worked at each job. Ask for information about part-time jobs.

Ask about position and job requirements.

Coding Issues: Employment while in military service will be counted only when it is beyond the subject's original enlistment period.

Cross-check item with:

Employment/Support status, item 10

E7. Occupation

E7. Usual (or last) occupation

Intent/Key Points: To record information about the client's job, in addition to the level of skill the job demands as defined by the Hollingshead scale. (See appendix III.) Record the name of the client's usual occupation.

In the box, enter the code for the client's occupation from the Hollingshead scale:

1. Higher executive, major proprietor (CEO), major professional
2. Business manager, proprietor of medium sized concern, lesser professional
3. Administrative personnel, small business proprietor, minor professional

4. Clerical, sales worker, technician
5. Skilled manual laborer
6. Machine operator, semi-skilled worker
7. Unskilled

See appendix III for lists of jobs that fall within each category.

Record the usual occupation, even if the client has recently been working in a different capacity. If the client does not have a usual occupation, then record the most recent job.

Suggested Interviewing Techniques: Ask about the client's usual job. If the client 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:

Ask names of places where the client has worked.

Coding Issues: Code as "X" only when the client has never worked at all. Be sure to specify within general classes of work (e.g., if client responds as salesman, then probe to determine computer sales, used car sales, etc.)

Cross-check item with:

Employment/Support status items 2, 3, and 6

E8.-E9. Support

E8. Does someone contribute to your support in any way? E9.

Does this constitute the majority of your support?

Intent/Key Points: To record information about additional sources of financial support. Ascertain whether or not the client 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 common law or live-in mate's contribution to the household is included.

Suggested Interviewing Techniques: Ask as written, with examples. Stress that you mean financial as opposed to emotional support. Help the client 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? That is, is it more than your own self-generated support?

Note: Clients who are living with their parents may get defensive if you ask them directly about whether their parents are helping them out financially. There is no need to press them to admit that their parents are helping them out. You already have information about their current address (see "Current Address" on front page. If they report that they are not paying any room and board, you may code item 8 with a 1 (Yes). You might consider asking, "Are you receiving money from any source other than your parents?" If the answer is no, you may code item 9 as "1," also.

Additional Probes:

Coding Issues: If the information from Employment Items 12-17 does not confirm the initial response from items 8-9, then clarify any discrepancy. Code item 9 with an "X" if answer to item 8 was "No."

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

Cross-check item with:

Employment/Support item numbers 12-17

E10. Employment pattern

E10. Usual employment pattern, past 3 years

Intent/Key Points: The interviewer should determine which choice for this item is most representative of the past 3 years, not simply the most recent. Full-time work (including under-the-table jobs) is regular and 35 or more hours per week. Regular part-time work is a job with a work schedule of less than 35 hours per week but which is regular and sustained. Irregular part-time work refers to jobs in which the client works on a part-time basis but not on a reliable schedule. When there are equal times for more than one category, record that which best represents the current situation.

Suggested Interviewing Techniques: It may take a series of questions to get the most representative response to this item. Depending on the client, you might consider beginning by asking about their current work situation and working backwards in time over the past 3 years. Other clients find it easier to think back to what they were doing 3 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 a full-time job?

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 client's most common employment pattern during the past 3 years.

Additional Probes:

Ask names of work places. Ask

amount of overtime.

Coding Issues: Record the code corresponding to the employment pattern most representative of the client during the past 3 years. For example, code this item 1 for a client who worked full-time for 2 of the last 3 years, even if the client has not worked for the past year. Likewise, code this item 1 if he worked full-time for 18 months and part-time for 18 months, thereby giving credit for the more extensive pattern of work when the durations of patterns are equal.

Cross-check item with:

Employment/Support status item 6

E11. Days paid for work - past 30**E11. How many days were you paid for working in the past 30? Intent/Key**

Points: To record basic information about current work situation.

Record number of days in which the client was paid (or will be paid) for working. Jobs held in a prison or in a hospital are not counted. Under-the-table jobs are included. Paid sick days and vacation days are included here.

Suggested Interviewing Techniques: Ask as written. Emphasize that you are interested in under-the-table work also.

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

Additional Probes: Ask name of employer.

Ask for an explanation for days of work missed.

Ask about days of overtime.

Coding Issues: A 5-day workweek will be coded 20 days for 4 weeks of work.

Cross-check item with:

Employment/Support status item 10

E12-E17. Sources of income

E12-E17. How much money did you receive from the following sources in the past 30 days?

Intent/Key Points:

E12. Employment: This is net or take-home pay. Also, include pay for under-the-table work.

E13. Unemployment Compensation: Self-explanatory.

E14. DPA: This refers to public assistance or welfare, not SSI which is listed below. Include dollar amount of Food Stamps here as well as transportation money provided by an agency to assist the client in getting to and from treatments. Keep in mind that if a client has been in an inpatient public program, he or she probably did not have private insurance, and would instead have been on Medicaid, and automatically eligible for Food Stamps.

E15. Pension, Benefits or Social Security. This includes pensions for disability or retirement, veteran's benefits, SSI, and worker's compensation.

E16. Mate, Family or Friends: The purpose of this question is to determine how much additional pocket money the client had during the past 30 days - not to determine whether he or she was supported in terms of 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 client and not to an estimated value of housing and food provided.

(This was assessed in items 8 & 9.) Do not simply record the earnings of a spouse in this item - just the dollars actually given to the client to spend.

E17. Illegal: This includes any money obtained illegally from drug dealing, stealing, fencing stolen goods, illicit gambling, etc. If client has received drugs in exchange for illegal activity, do not attempt to convert this to a dollar value. Simply note this in the comments and in the legal section. Again, the focus is on money available to the client, not an estimate of the client's net worth.

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

Mr. Smith, how much money did you receive from employment in the past 30 days?

Additional Probes:

Ask for information about bartering.

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

Cross-check item with:

Employment/Support status items 8-9

Drug/Alcohol item 20

E18. Dependents

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

Intent/Key Points: Stress that these people must regularly depend upon the client for financial support not simply people to whom the client has occasionally given money. Do not include the client himself or a spouse who is self-supporting. For example, a spouse who is working full-time or whom you know has a job from a previous question and whom maintains separate living expenses would not be counted. Do include dependents who are normally supported by the client but due to unusual circumstances, have not received support recently. Alimony and child support payments are included as indications of persons depending on the client, if appropriate.

Suggested Interviewing Techniques: Read as written, with examples. Mr.

Smith, how many people depend on you for the majority of their food, shelter?

For example, are any children living with you who depend on you to buy their

food for them?

Additional Probes:

Is the money taken out of your check?

Coding Issues: If the client shares expenses with someone else e.g., a spouse then try to determine whether the other is independent, or is dependent on the client. Use your

best judgement to decide if the other person is financially dependent or not on your client.

Cross-check item with:

Employment/Support status item 8.

Other items that refer to children or other dependents

E19. Employment problems - past 30 days

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

Intent/Key Points: Include inability to find work (only if client has tried), or problem 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 client so far. If the client is working, it is appropriate to ask the question 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 employment probation for any reason?

How many days have you disliked or had trouble with the job?

If the client 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 client actively looked for work. Record that response in item 19. Refer to the number of days the client could not find work as employment problems.

Mr. Smith, how many days have you had trouble finding work in the last 30?

Additional Probes:

Ask about 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., does not get along with certain members of the work force), or if the problems are entirely due to alcohol/drug use. Problems such as these two types would most likely be counted under the Family/Social or the Drug/Alcohol Use section, rather than this section.

Do not include problems in finding a job, which are directly related only to the client's substance abuse such as withdrawal or hangover.

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

In a situation where the client 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 like this where the client has not had the opportunity to meet the definition of a problem day, the appropriate code is an "X" for Not Applicable and the client ratings that follow should also be "X"s since they depend on the problem day's question.

Cross-check item with:

E20-E21. Employment problem ratings

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

E21. How important is it for you to get employment counseling? 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 client so far.

In item 19, if the client 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 much troubled or bothered have you been by the employment problems that you had in the past 30 days, such as the period of time you spent on employment probation?

If the client reported in item 19 that he or she has not worked in the past 30 days, you should code item 20, 0 without asking it. We assume that if the client 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 item 21 in the following way:

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

Additional Probes:

Ask about job sources contacted by the person.

Coding Issues: In a situation where the client has not had the opportunity to work, due to incarceration or another controlled environment, it is, by definition, not possible for him or her to have had employment problems. In situations like this where the client has not had the opportunity to meet the definition of a problem day, the appropriate answer is an "X" and the client ratings that follow should also be "X"s since they depend on the problem days question.

Cross-check item with:

Employment/Support status item 19

E22. Employment/Support Severity rating

Remember the two-step derivation method for severity ratings:

Step 1: Reduce the 10-point scale (0-9) to 2 or 3 points using only the critical objective items (items 1-19 in the Employment/Support Status).

0-1 No problem, treatment not necessary

2-3 Slight problem, treatment probably not necessary

4-5 Moderate problem, treatment probably necessary

6-7 Considerable problem, treatment necessary

8-9 Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the critical objective items of the section.

CRITICAL OBJECTIVE ITEMS OF THE EMPLOYMENT/SUPPORT SECTION

ITEM	DESCRIPTION
1 and 2	Education and Training
3	Skills
6	Longest Full-time Job
10	Recent Employment Pattern

Step 2: Factor in the client's rating scale as described on pages 5-7. For example, if the interviewer's 3-point range is 1-3, and the client reports that he has been slightly (rates it a 1) bothered and he would be slightly (rates it a 1) interested in job training or counseling for employment problems by his inability to get a full-time permanent job, then select the lowest point of the 3-point range (in this case, a 1) for the severity rating in this section.

The meaning of the 1 severity rating is that treatment is not necessary for the Employment/Support Status section. The severity rating for this section should have no effect on any other sections.

Drug/Alcohol Tab

The Drug/Alcohol Use section of the ASI helps you to gather basic information about the client'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. Developers of the ASI recommend that you add questions that you consider relevant to your client's treatment plan. The manual addresses the Drug Grid (Drug and Alcohol items 1-12) in three separate sections: the client's use in the past 30 days, lifetime use, and the route of administration. For each substance, you should ask the questions pertaining to the last 30 days before you ask the question about lifetime use. However, for some clients it is easier to determine lifetime use first, before 30-day use. In fact, some counselors always probe by asking whether the client has ever used each of the listed drugs before asking life or 30-day use.

D1-D12: 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 30 that the client reported any use at all of a particular substance. **Note:** It is important to ask all substance abuse 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 client with examples (using slang and brand names) of drugs for each specific category. We recommend that you ask these questions as written below.

Mr. Smith, how many days in the past 30 have you used?

NOT...how many times in the past 30 days. There may be a big difference between the number of days and the number of times.

NOT...how many drinks in the past 30 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 because clients' interpretations of this phrase vary so widely. Instead, ask the number of days the client felt the effects of alcohol (e.g., got a buzz, high, or drunk).

If the client gives evidence of considerable drinking yet denies feeling the effects of the alcohol, get an estimate from the client of how much he or she has been drinking. (He or she may be denying the effects or manifesting tolerance.) In such cases, as a rule of thumb, the equivalent of three or more drinks in one sitting or within a brief period of approximately 1 to 2 hours can be considered "Alcohol to Intoxication" for item 02.

Additional Probes:

Ask quantity used per day.

Ask client to estimate the amount of money spent on the substance per day. Ask about usage patterns (e.g., only on weekends, 1-week binges).

Coding Issues: Count prescribed medication under the appropriate generic category. (For example, a prescription sedative such as Xanax would be recorded under "other sed/hyp/tranc.")

Record LAAM under "Methadone." Do not record antagonists such as Antabuse and Naltrexone under the substance history section; rather, note them as comments on the page.

Cocaine is used in many forms and these often have different names. Crack or rock cocaine is simply the freebased or based (smokeable) form of cocaine. All different forms of cocaine (e.g., crystal cocaine, snorted; freebase cocaine, smoked; crystal cocaine, injected) should all be counted under the cocaine category.

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

Intent/Key Points: To record information about extended periods of regular use. The rule of thumb for regular use is a frequency of three or more times per week. However, it is true that cocaine, alcohol and even some other drugs can be regularly (or erratically) and severely abused in two-day binges. Therefore, the interviewer should probe for evidence of problematic use, usually to the point of intoxication 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 three times per week. However, note that with less regular use, the intent is if it compromises some normal activity. If binge use fulfills these conditions, it should be counted.

Suggested Interviewing Techniques: Generally, you will need to ask a number of questions to get the information, which you will eventually code in the boxes in the grid. With many clients, 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, I mean three or more times per week.

However, when interviewing clients 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 client has used each substance, you know what to record in the lifetime section of the drug grid. You may consider summarizing it for the client like this:

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 3 months ago, when your brother died. You have been using regularly since then. Therefore, in your lifetime, you have used it regularly for 3 years and 3 months (code 3 years).

Additional Probes:

Ask about events which occurred at the same time that the client was using (or abstaining from) a substance.

Ask about differences in route of administration over time. Ask

about substance combinations.

Coding Issues: Consider 6 months or more of regular or problematic use as 1 year; note less than 6 months of problematic use in the Comments section but do not count it as a year.

See "Coding Issues" for Drug and Alcohol Use, Past 30 Days on pages, above, for other relevant coding issues.

Cross-check items with:

Drug/Alcohol Use, items 13, 20, and 22

D1-D12: Drug and Alcohol Use, Route of Administration

Intent/Key Points: To record information about the client's usual route of administration for each substance listed. The code for the administration is listed below the drug grid as follows:

1. - **ORAL**
2. - **NASAL**
3. - **SMOKING**
4. - **NON-IV INJECTION**
5. - **IV INJECTION**

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

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

Additional Probes:

Ask about use of drug combinations.

Coding Issues: If the client uses more than one route of administration for a drug, code the most serious route of administration; e.g., if a client smoked a drug and injected it, you would code 5 (IV injection) rather than 3 (smoking).

Cross-check items with:**D13. Multiple Substances:**

Intent/Key Points: To record information about drug combinations. Under Past 30 Days, ask the client how many days he took more than one (ASI category) substance including alcohol. Under Lifetime Use, ask the client how long he regularly (generally three times per week for a month or more) took more than one substance per day 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 client 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 per day?

Additional Probes:

Ask which substances the client used together.

Ask which substances the client used within the same day, but not together. Ask the names of drugs which were prescribed.

Coding Issues:**Cross-check items with:**

Drug/Alcohol items 1-12

D14. Which substance is the major problem?

Intent/Key Points: To record the client's current major substance of abuse. The interview should determine the major substance of abuse based upon the years of use, number of treatments, number of DTs/overdoses. If the information provides no clear indication of his drug problem, then ask the client what he or she thinks is the major substance problem. Enter one of the following codes:

1. ALCOHOL
3. HEROIN
4. METHADONE
5. OTHER OPIATES/ANLAGES
6. BARBITURATES
7. OTHER SED/HYP/TRANQ
8. COCAINE
9. AMPHETAMINES
10. CANNABIS
11. HALLUCINOGENS
12. INHALANTS
15. ALCOHOL/DRUG
16. POLYDRUG

Record a 16 if the client has major problems with more than one drug; or a 15 if the client abuses alcohol and one or more drugs.

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

Mr. Smith, which substance is your major problem?

Additional Probes:

Coding Issues: Some clients may report that legal methadone is their primary drug problem, as in the case of clients who are seeking detoxification and drug-free treatment. This can be used as the major problem in item 14 and problems associated with the legal methadone may be recorded in item 22.

For follow-up interviews, record what the client thinks is the major substance abuse problem. If at follow-up the client maintains he or she has no drug or alcohol problem but reports experiencing drug or alcohol problems on item 22, then clarify item 14 by asking if he or she considers that substance the current major problem.

Cross-check items with:

Drug/Alcohol items 1-12

D15-D16. Abstinence

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

D16. How many months ago did this abstinence end?

Intent/Key Points: To record details about the client's successful attempts at abstaining from the current problem substance. Ask the client how long he or she was able to remain abstinent from the major drug(s) of abuse (item 14). 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:

Ask about circumstances surrounding the periods of abstinence.

Ask about circumstances surrounding the end of the abstinence period.

Coding Issues: Periods of hospitalization or incarceration are not counted as abstinence, but should be noted in the Comments section if no drugs were used. Periods of abstinence during which the client was taking Methadone, Antabuse or Naltrexone as an outpatient are included.

If the code for item 14 was "00-No problem," enter "X" for item numbers 15 and 16.

If the code for item 14 was "15-Alcohol and Drug," then abstinence will refer to both alcohol and the major drug(s).

If the code for item 14 was "16-Polydrug," then abstinence will refer to all abused drugs. Enter 99 if the number of months equals 99 or more.

If the client has not been abstinent for 1 month, enter 00 for item 15 and "X" 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-D18. Alcohol DTs/Drug Overdoses

D17-18. How many times have you had alcohol DTs/overdosed on drugs?

Intent/Key Points: To record information about consequences of using too much substance. If in doubt about a reported overdose, ask what was done to the client to revive him/her. Simply letting the client sleep if off does not constitute an overdose. If the

client describes any incident in which the intervention by someone was needed to recover, do not count this as an overdose. The nature of overdose will differ with the type of drug used. While opiates and barbiturates produce coma-like effects, amphetamine overdoses frequently result in toxic psychoses.

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 DTs? How many times have you overdosed on drugs?

Did someone have to help you revive? Did someone have to calm you down? **Additional**

Probes:

Ask whether or not the client was hospitalized.

Ask whether or not the overdose was intentional.

Coding Issues: Include suicide attempts if made by drug overdose (Remember this in the Psychiatric section; be sure to check the Medical section to note hospitalization).

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

Problems sometimes mistaken for DTs. Do not confuse DTs with the shakes, which occur about 6 hours after withdrawal of alcohol and do not include delirium.

Cross-check item with:

Medical Status item 1

D19-D22. Alcohol abuse/drug abuse treatments

D19-D20. How many times in your life have you been treated for alcohol abuse/drug abuse? (Note: A treatment episode is a period of time in which the patient was in continuous treatment with no breaks.)

D21-D22. How many of these were detox only?

Intent/Key Points: To record the number of times the client has received help for their drug or alcohol problems. The purpose of item 19 is to determine the extent to which the client has sought extended rehabilitation versus minimal stabilization or acute crisis care. Therefore, record the number of treatments in 19 that were detoxification only and did not include any follow-up treatment. For example, a client may have undergone detox and follow-up rehabilitation in one episode and rehabilitation only in the second episode. The answer to questions 18 is 2. The answer to question 19 is 0 because none were detox only.

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:

Ask the name of programs.

Ask reasons for leaving programs. Ask about satisfaction with programs.

Coding Issues: Count any type 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 for question 18.

If the client was treated for both alcohol and drug problems simultaneously, count the treatment under both categories. Note that the treatment was for both.

Exclude Drivers' School for DWI violations. Ask questions separately for alcohol and drugs. In the case of dual problems try to get the number of treatments in each category.

Code as a single episode those treatment experiences, which occur in different facilities immediately following one another. For example, a client 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 client 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

D23-24. Spending - Alcohol/drugs

D23-24. How much would you say you spent during the past 30 days on alcohol/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 client spends daily on each substance. By multiplying the daily dollar amount by the number of days the client says he or she used, you will get a good estimate of the amount of money the client spent in the last month, without even asking the question. Regardless, ask the question as written. If a client responds that he cannot 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 16 days...so it sounds like you spent at least \$320 on coke.

Sometimes, the client will argue about the amount of money he spent. He may explain that although he used \$320 worth, he only spent \$200 worth because he knows people who provide him with cheap drugs. Code only what the client reports he spent on drugs.

Additional Probes:

As described above, ask for information, which explains differences between the reported amount of money spent and the amount of drugs used.

Coding Issues: Enter "Z" only if client cannot make a reasonable determination.

Do not include the dollar amount of drugs for which the client provided services (sex for drugs, acting as a middleman for drug deals). Just include the amount of cash the client put out for the drugs.

Cross-check item with:

Employment/Support items 12-17

D25. Outpatient alcohol/drug treatment

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

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:

Ask names of programs. Ask

types of meetings.

Coding Issues: Do include methadone maintenance, AA, NA, or CA meetings, Antabuse, etc.

Treatment requires personal (or at least telephone) contact with the treatment program. The fact that the client was officially enrolled in a program does not count if he or she has not attended at least 3 sessions.

Cross-check item with:

D26-D27. Alcohol/drug problems - past 30 days

D26-D27. How many days in the past 30 have you experienced alcohol problems/drug problems?

Intent/Key Points: Be sure to stress that you are interested in the number of days the client had problems directly related to alcohol or drug use. Include craving for

alcohol/drugs, withdrawal symptoms, disturbing effects of drug or alcohol intoxication, or wanting to stop and , or impairment in functioning in other areas such as work or family.

Suggested Interviewing Techniques: Ask as written, with plenty of examples based on what the client has already told you. Clients' 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 client as problematic. For example, if a client says, "I can handle my alcohol use. My lawyer said 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:

Ask the client if he or she does the following:

Thinks about using (has craving); is unable to stop using after starting; is aware of the consequences of using; and experiences physical withdrawal symptoms.

Coding Issues: It is important to distinguish between simple interpersonal problems on the job (e.g., cannot get along with certain members of the work force) and problems entirely due to alcohol/drug use. The latter type are more likely to be counted under the Family/Social or Alcohol/Drug sections than here.

Do not include problems in finding a job, which are directly related only to the patient's substance abuse, such as withdrawal or hangover.

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

In a situation where the patient has not had the opportunity to work due to being incarcerated or in another controlled environment it is, by definition, not possible for him or 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 "X", and the patient ratings that follow should also be "X"s, as they depend on the problem days question.

Cross-check item with:

Drug/Alcohol section, items 23 and 24. If item 22 is 0, then items 23 and 24 must equal 0 also, since one cannot rate nonexistent problems.

D28-D31. Alcohol/drug problem ratings

D28, D30. How troubled or bothered have you been in the past 30 days by alcohol or drug problems?

D29, D31. How important would it be for you to get treatment for alcohol or drug problems?

Intent/Key Points: To record the client's feelings about how bothersome the previously mentioned drug or alcohol have been in the last month and how interested they would be in receiving (additional) treatment. Be sure to have the client restrict his/her response to those problems in the past 30 days.

Suggested Interviewing Techniques: When asking the client to rate the problem, provide concrete examples of them, rather than the term "problems." For example, if the client reports that in addition to worrying about a DUI case, they have had physical problems from alcohol, such as hangovers, the interviewer should ask item 23 in the following way:

Mr. Smith, how troubled or bothered have you been in the past 30 days by alcohol problems such as hangovers that you mentioned...or the worry over your upcoming case?

Ask item 24 in the following way:

Mr. Smith, how 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?

Additional Probes:

The time period covers the past 30 days whether or not the client was in a restricted environment. If a client was in a restricted environment, additional problems might be required, such as:

Mr. Smith, while in jail the last 30 days, did you think about drugs or have cravings?

Coding Issues:

Cross-check with:

Drug/Alcohol section, item 22. If 22 is 0, then 23 and 24 must equal "0" also since one cannot rate nonexistent problems.

D32-D33. Drug Severity Rating Alcohol Severity Rating

Remember the two-step derivation method for severity ratings:

Step 1: Reduce the 10-point scale (0-9) to 2 or 3 points; using only the critical objective items (items 1-22, Drug/Alcohol Section).

0-1 No problem, treatment not necessary

2-3 Slight problem, treatment probably not necessary

4-5 Moderate problem, treatment probably necessary

6-7 Considerable problem, treatment necessary

8-9 Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the critical objective items of the section.

CRITICAL OBJECTIVE ITEMS OF THE DRUG AND ALCOHOL SECTIONS

ITEM	DESCRIPTION
1-13	Abuse History
15-16	Abstinence
17	ODs and DTs
18	Lifetime Treatment

Step 2: Factor in the client's rating scale, as described on pages 5-7. For example, if the interviewer's 3-point range is 6-7-8, and the client reports that he has been extremely (rates it a 4) bothered and he would be extremely (rates it a 4) interested in treatment for medical problems, then select the highest point of the 3-point range (in this case, an 8 for the severity rating in this section).

The meaning of the 8-severity rating is that treatment is absolutely necessary for the Drug/Alcohol section. The severity rating for this section should have no effect on any other sections.

Legal Status Tab

The legal status section of the ASI helps you to gather some basic information about your client'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 client's treatment plan. An interviewer can most efficiently gather accurate information from this section by doing a lot of probing in the first part of the section. For example, if a client reports that he or she was charged with a criminal offense, the interviewer should ask whether or not he or she was convicted, and if so, whether or not 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.

L1-L2. Legal Status related to treatment

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

L2. Are you on probation or parole?

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

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

Mr. Smith was your admission to this treatment program prompted or suggested by the criminal justice system, like a lawyer or probation officer...or did you decide to come here on your own?

Are you on probation or parole?

If a client says that he or she is currently on probation or parole, we recommended that you routinely ask for details. For example, you should ask:

Why are you on probation (With what criminal offense were you charged)?

How long have you been on probation? When will your probation period end?

Additional Probes:

Ask who referred the client.

Ask about the circumstances surrounding the referral.

Ask about the length and terms of the probation or parole (i.e., Federal or State). Ask the name of the probation or parole officer.

Coding Issues:

Cross-check item with:

Legal Status, items 3-14C

L3-L16. Arrests and convictions

L3-L14. How many times have you been arrested and charged with the following?

Intent/Key Points: This is a record of the number and type of arrest counts with official charges (not necessarily convictions) accumulated by the client during his life. Be sure to include the total number of counts associated with any one arrest and not just arrests. These include only formal charges not times when the client was just picked up or questioned. Do not include juvenile (pre-age-18) crimes, unless the court tried the client as an adult, as is the case in 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 client responds that he or she has been charged with an offense, we recommend that you ask for details (e.g., whether the client was convicted or not, whether the client was incarcerated, paid a fine, or spent time on probation). These details will help you to move more quickly through the latter part of the section. If you do not gather information early, your attempts at gathering information from clients with complicated legal histories may be hindered.

Therefore, we recommend that you ask the question as written below, with probes like the ones listed below asked routinely. Mr. Smith, how many times in your life have you been charged with?

If the client reports that, he or she was charged:

What happened with that charge...for example was it dropped...were you convicted of it?

If the client reports that, he or she was convicted:

What happened when you were convicted...did you spend time in prison...did you pay a fine...were you on probation?

Additional Probes:

Ask the years in which they were charged for each offense. Ask about the details surrounding each criminal act.

Ask about significant events occurring at the same time that the client was charged with each offense.

Coding Issues: Do include arrests, which occurred during military service. Do not include those that have no civilian life counterpart (e.g., AWOL, insubordination) but do record these in the Comments section.

Code attempts at criminal activity (e.g., attempted robbery, attempted rape) the same way that you code the activity. Therefore, charges of attempted robbery would be coded under robbery.

In some states, Contempt of Court is the charge leveled against someone who has failed to pay support or alimony payments.

Coding for domestic violence would depend on the charge (and may vary by jurisdiction). In some cases, it may be coded as assault and in others as another misdemeanor.

Cross-check item with:

L17. Convictions

L17. How many of these charges resulted in convictions?

Intent/Key Points: To record basic information about the client's legal history. Do not include the offenses listed in items (16-18) in this count. Note that convictions include fines, probation, suspended sentences as well as sentences requiring incarceration. Convictions also include guilty pleas. Charges for parole and/or probation violations are automatically counted as convictions.

Suggested Interviewing Techniques: If you did not gather information about convictions through probing during items 1-14C, ask as written.

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

Additional Probes:

Ask whether or not the client was incarcerated.

Coding Issues: Code item 15 with an "X" if items 3-14C are all coded 00.

Cross-check item with:

Legal Status item 19 (possibly)

L18-L20. Additional charges

How many times have you been charged with the following? L18.

Disorderly conduct, vagrancy, public intoxication

L19. Driving while intoxicated

L20. Major driving violations

Intent/Key Points: Charges in item 16 category may include those, which generally relate to being a public annoyance without the commission of a particular crime. Driving violations counted in item 18 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:

Ask outcome(s) of the charge(s).

Coding Issues: Note that these items refer to charges, not convictions.

Cross-check item with:

Employment/Support item 4 (possibly)

L21-L23. Last incarceration

L21. How many months were you incarcerated in your life? L22.

How long was your last incarceration?

L23. What was it for?

Intent/Key Points: For item 19, enter the number of total months spent in jail (whether or not the charge resulted in a conviction), prison, or detention center in the client's life since the age of 18, unless the client was detained as an adult while still a juvenile. If the number equals 100 or more, enter 99. Count as one month any period of incarceration two weeks or longer. For item 21, use the number assigned in the first part of the Legal Section (03-14 and 16-18) to indicate the charge for which the client was incarcerated. If the client was incarcerated for several charges, enter the most serious or the one for which he or she received the most severe sentence.

Suggested Interviewing Techniques: Ask the questions as written. How

many months have you been incarcerated in your life?

How long was your last incarceration? What

was it for?

Additional Probes:

Ask details of unusual periods of incarceration (serving time for two convictions concurrently).

Coding Issues: Be sure to code the total number of months that the client was incarcerated for large periods of time. Do not code overnight incarcerations. Do not code large numbers (30+) of overnight incarcerations. For example, a barroom brawler

may report being thrown in jail over 30 times for a couple of nights each time. Do not count those 30 incarcerations.

If the client has never been incarcerated for over a month, code item 19 with 00, item 20 with "X", and item 21 with "X." Item 20 should always be less than item 19.

Cross-check item with:

Make sure that long periods of incarceration are accounted for in other parts of the interview, like the drug/alcohol grid. For example, if a client reports spending a long period of time in jail, but never reported abstaining from drug use, you should clarify whether or not he used drugs in jail. Record the information in the Comments section.

L24-L25. Current legal status

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

What for?

Intent/Key Points: To record information about the client's current legal status. For item 23, enter "X" if the client is not awaiting charges, trial, or sentence. Do not include civil lawsuits, unless a criminal offense (contempt of court) is involved.

Suggested Interviewing Techniques: Ask as written.

Are you presently awaiting charges, trial, or sentencing for any reason?

Additional Probes:

Ask the date on which the sentencing will take place.

Coding Issues: Item 22 should never be coded with an "N." It should always be asked. If item 22 is "0", then item 23 should be coded "N." For item 23, use the numerical code on the left column, which corresponds to the charge, which are items 03-14C, 16-18. Note circumstances of civil lawsuits in Comments section.

Cross-check item with:

Legal status item 03-14C, 16-18.

L26. Detained - past 30 days

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

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

Suggested Interviewing Techniques: Ask as written. 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 the client was put in jail to sleep off a drunk, 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."

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

Additional Probes:

Ask reasons for being detained.

Coding Issues: Include being detained; e.g., questioned but released.

Cross-check item with:

General information, items 6, 7

L27. Illegal activities - past 30 days

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

Intent/Key Points: Enter the number of days the client engaged in crime for profit. Do not count simple drug possession or drug use. However, do 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:

Ask the type of illegal activity.

Ask whether the client received cash or drugs.

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 item 17

L28-L29. Client's rating about legal problems

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?

Intent/Key Points: To record the client's feelings about how serious he feels his previously mentioned legal problems are, and the importance of getting (additional) counseling or referral. For items 26, and 27, the client is rating the need for referral to legal counsel for defense against criminal charges, only. Concerns about civil legal problems should be noted in the Comments section.

Suggested Interviewing Techniques: When asking the client to rate the problem, use the name of it, rather than the term "problems." For example, if the client reports that he is awaiting trial on a criminal charge, ask him the questions in the following way:

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?

Additional Probes:

Coding Issues: Severity should be based on criminal offenses. 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 30, but has not been caught, he does not have any current legal problem. If he gets caught selling drugs then he will have a legal problem.

Cross-check item with:

Legal status item 22

L30. Legal Status Severity Rating

Remember the two-step derivation method for severity ratings:

Step 1: Reduce the 10-point scale (0-9) to 2 or 3 points, using only the critical objective items (items 1-25 in the Legal Status section).

0-1 No problem, treatment not necessary

2-3 Slight problem, treatment probably not necessary

4-5 Moderate problem, treatment probably necessary

6-7 Considerable problem, treatment necessary

8-9 Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the critical objective items of the section.

CRITICAL OBJECTIVE ITEMS OF THE LEGAL STATUS SECTION

ITEM	DESCRIPTION
3-14	Major Charges
15	Convictions
22-23	Current Charges
25	Current Criminal Involvement

Step 2: Factor in the client's rating scale, as described on pages 5-7. For example, if the interviewer's 3-point range is 4-5-6, and the client reports that he has been moderately (rates it a 2) worried about charges against him for driving while intoxicated and he would be moderately (rates it a 2) interested in legal assistance, then select the midpoint of the 3-point range (in this case, a 5) for the severity rating in this section.

The meaning of the 5-severity rating is that counseling or referral is probably necessary for the client's legal problems. The severity rating for this section should have no effect on any other sections.

Family History Tab

The Family History Section of the ASI was designed to help you gather information on patient's relatives who have/had a significant drinking, drug use, or psychological problem, which did or should have led to treatments. This section does not have a severity rating since the purpose is to gather historical information.

H1-H12. Drinking, drug use, psychological problems of relatives

H1-H12. Have any of your relatives had what you would call a significant drinking, drug use or psychological problem-one that did or should have led to treatment?

Intent/Key Points: The Family History grid is designed to summarize the psychiatric, alcohol and drug abuse problems of the client's relatives in each of the specified categories. The grid is grouped into three categories: one for the mother's side of the family; one for the father's; and one for siblings. Under each heading, relatives (e.g., grandmother from mother/father's side or brother for sibling's) are listed. Note that this information pertains only to biological families. For clients who are adopted or have limited knowledge about their biological family, skip this section. The information supplied by the client cannot generally be validated and thus should be coded cautiously using the following guidelines.

Determination of problem status: It is not necessary for there to be a medical diagnosis or for formal treatment in order to count as a problem. Again, the client is the best source of information here and should be told to count a problem as...one that either did or should have led to treatment.

In general, a "yes" response should be recorded for any category where at least one member of the relative category meets the criterion. For example, if the client has two aunts on his/her mother's side and feels that one of them had a serious drinking problem and the other had a significant psychiatric problem. In this case, "yes" codes are counted under the aunt category (mother's side) for both alcohol and psych. A "no" response should only be counted if all relatives in the category fail to meet the criterion. If there are no relatives in the category, an "X" is coded. If there are more than two brothers or two sisters, the two worst brothers/sisters should be used for coding.

Suggested Interviewing Techniques: A preliminary question can help to determine whether any biological relatives exist in that category.

Mr. Smith, did your mom have any sisters?

Then, focus the question on whether any individual in the category has had a problem.

Mr. Smith, did any of your aunts have an alcohol problem that should have led to treatment?

Mr. Smith, did any of your aunts have a drug problem that should have led to treatment?

Mr. Smith, did any of your aunts have a psychiatric problem that should have led to treatment?

Additional Probes:

Ask the names of individual family members with multiple problems.

Ask the birth order of individual family members with multiple problems.

Coding Issues: Code information about biological family, only.

Place a 0 in the relative category where the answer is clearly no for all relatives in the category. Place a 1 in the relative category where the answer is clearly yes for any relative in the category.

Note: The 0, 1 code pertains to yes or no responses; not to the number of relatives. It is particularly important for interviewers to make judicious use of the "X" and "Z" responses to these questions.

An "X" should be coded for all categories where there is no relative for the category.

If there are more than two brothers or sisters, the two worst brothers and/or sisters should be counted.

A "Z" code should be used for any situation where the client simply cannot recall or is not sure for any reason. In general, it is far better to use a "Z" than to record possibly inaccurate information.

In cases where there are more than two brothers or sisters, the most severe cases should be reported.

Cross-check item with:

Family/Social Tab

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 client should be asked whether he or she feels that "if the alcohol/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.

F1-F3. Marital status

F1. Marital Status:

F2. How long have you been in this marital status? F3.

Are you satisfied with this situation?

Intent/Key Points: To record information about the client's marital status, duration of marital status and satisfaction with marital status. For item 1, enter the code for present legal marital status. For item 2, enter number of years and months client has been in the current marital status. For item 3, a satisfied response must indicate that the client generally likes the situation, not that he or she is merely resigned to it.

Suggested Interviewing Techniques: Ask as written, with examples.

Mr. Smith, what is your marital status...are you married, remarried, single, in a committed relationship?

How long have you been?

Are you satisfied with your marital status?

Additional Probes:

Ask reasons for dissatisfaction or separation (if applicable).

Coding Issues: Consider common-law marriage (7 years) as married (1).

Individuals who consider themselves married because of a commitment ceremony or significant period of cohabitation should be coded as married and considered married for the remainder of the questions pertaining to marriage or spousal relations. This includes gay/lesbian relationships if the person considers their partner a spouse.

For clients who were never married, enter the number of years since age 18 (an indication of their adult status) in item 2.

Cross-check item with:

F4-F6. Usual living arrangements

F4. Usual living arrangements (past 3 years)?

F5. How long have you lived in these arrangements? F6. Are you satisfied with these living arrangements?

Intent/Key Points: To record information about the client's usual living arrangements during the past three years. For item 4, code the arrangement in which the client spent most of the last three years, even if it is different from his or her most recent living arrangement. If the client 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 clients who usually live with parents, enter the number of years residing there since age 18 in item 5. A "satisfied" response in item 6 must indicate that the client generally likes the situation, not that he or she is merely resigned to it.

Suggested Interviewing Techniques: You may have to ask a number of additional questions to get accurate responses to these items. You should provide a frame of reference (the last three years). You may consider asking the client 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. For how many years (or months) have you been living with her?

Who were you living with before you moved in with your mom? How

long were you living with those folks? And so on....

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:

Ask reasons for leaving each arrangement.

Coding Issues: Ask the client 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

Cross-check item with:

General Information, item 1

All information related to recent controlled environments on the rest of the interview (if the response to item 4 is "8.")

F7-F8. Living environment

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

Intent/Key Points: Items 6A and B explore whether the client 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 client resides. The home environment in question is the one in which the client either currently resides (in the case of most outpatient treatment settings) or the environment to which the client expects to return following treatment. This situation does not have to correspond to the environment discussed on items 4-6.

Suggested Interviewing Techniques: Since you should already have information about the client's current living situation, you can tailor the question to the client. For example, if the client 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?

Additional Probes:

Ask about client's relationships with people who use substances (father/daughter, husband/wife).

Ask the number of people who use substances.

Coding Issues: For the alcohol question (6A), 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 client has an alcohol problem.

For the drug use question (6B), code "yes" if there is any form of nonprescribed not medically supervised drug use in the living situation.

Cross-check item with: F9- F10. Free time

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

F10. Are you satisfied with spending your free time this way?

Intent/Key Points: The intent is to assess the extent of and satisfaction with social interactions and leisure time. The response to item 7 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 client's associates other than family members. Code "associates" as friends, even if the client says he or she would not call them friends.

Suggested Interviewing Techniques: Ask as written, with examples.

Mr. Smith, with whom 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:

Ask for details about free time (going to the movies, using drugs, watching TV).

Coding Issues: A "satisfied" response to item 8 must indicate that the client generally likes the situation, not that he or she is merely resigned to it.

IMPORTANT: Some clients may consider a girlfriend/boyfriend with whom they have had a long-standing relationship as a family member. In such cases, he or she can be considered a family member. If you have coded this person as a "family member" here, also consider him or her as a family member in questions 9a, 20 and 22 and as a "spouse" in question 13.

Cross-check item with:

Family/Social Status item 9

F11. Close friends

F11. How many close friends do you have?

Intent/Key Points: The intent is to measure the client's available support system. Stress that you mean close. Do not include family members or girlfriend/boyfriend who is considered to be a family member/spouse.

Suggested Interviewing Techniques:

Mr. Smith, how many close friends do you have...by that, I mean people outside of your family that you can trust?

Additional Probes:

Ask names of close friends.

Ask about amount of contact with close friends.

Coding Issues:

Cross-check item with:

Other items in the interview that address close relationships, such as family/social relationships item 16

F12-F17. Personal relationships

F12-F17. Would you say you have had close, long lasting personal relationships with any of the following people in your life?

Intent/Key Points: Item 9A assesses the extent to which the client has a history of being able to establish and maintain close, warm and mutually supportive relationships with any of the people listed. Note that this section is not restricted to questions about biological family members, but where appropriate, concerns adoptive family members or individuals the patient regards as family members.

A simple yes response is not adequate for these questions and some probing will be needed to determine specifically if there has been the ability to feel closeness and mutual responsibility in the relationship. Does the client feel a sense of value for the person (beyond simple self-benefit)? Is the client willing to work to retain/maintain these relationships?

Suggested Interviewing Techniques: You will have to ask a number of questions to get accurate responses to these items.

Mr. Smith, have you had a long-lasting personal relationship with your mother? For example, would you go out of your way to do things for her? Would you loan her money if she needed it?

Additional Probes:

Ask about frequency of contact. Ask

about nature of contact.

Coding Issues: It is particularly important for interviewers to make judicious use of the "X" and "Z" 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. For example, if the client has two brothers and has had serious problems with one of them and has developed a warm, close relationship with the other, then items 9A (Brothers/Sisters) and 12 would both be counted as "yes." In contrast, a "no" response should only be counted if all relatives in the category fail to meet the criterion. An "X" should be coded for all categories where there is no relative for the category.

Cross-check item with:

Family/Social Status items 10-18

F18-F26. Serious problems getting along with . . .

F18-F26. Have you had significant periods in which you have experienced serious problems getting along with...? (In the past 30 days, in your life)?

Intent/Key Points: To record information about extended periods of relationship problems and also quality of these relationships in the past 30 days. 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, chronic arguments. If the client has not been in contact with the person in the past 30 days, it should be recorded as "X". An "X" should also be entered in categories that are not applicable; e.g., in the case of a client with no siblings.

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. How about more recently? Have you had any serious problems with your father? in the past 30 days.

Additional Probes:

Ask about the nature of the problem.

Ask for facts about relationships (number of siblings, children, etc.)

Coding Issues: It is possible that a client 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 "X" under Past 30 Days. A "Z" code should be used for any situation where the client simply cannot recall or is not sure for any reason. In general, it is far better to use a "Z" than to record possibly inaccurate information.

Item 13 may include any regular, important sexual relationship.

Understand that the Past 30 Days and the Lifetime intervals in items 10-18C 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.

It is particularly important that interviewers judiciously use the "X" and "Z" 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 (e.g., the client had no serious problems with any relative that falls in the category). In contrast, a "no" response should only be counted if all relatives in the category fail to meet the criterion. An "X" should be coded for all categories where there is no relative for the category.

Cross-check item with: F27-

F29. Abuse

F27-F29. Did any of these people abuse you...? (In the past 30 days, in your life)?

Intent/Key Points: These items assess what may be important aspects of the early home life of clients (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 client to raise this in subsequent treatment sessions with an appropriate provider.

NOTE: The instructions on the instrument are misleading. Although you should record whether or not the client was abused by anyone in the list (items 10-18), abuse from any other individual should be recorded, also.

Emotional abuse will generally be coded entirely on the basis of what the client reports and it is understood that it will be difficult to judge whether the actual abuse reported (or lack of it) would be considered abuse to another person. No attempt should be made to do this since the intent here is to record the client's judgment.

Physical abuse should follow the same general guidelines as emotional abuse with one caution, simple spankings or other punishments should not be counted as abuse unless they were (in the eyes of the client) extreme and unnecessary.

Sexual abuse is not confined to intercourse but should be counted if the client reports any type of unwanted advances of a sexual nature by a member of either gender.

Suggested Interviewing Techniques: Ask as written, with examples as written. Mr.

Smith, have any of the people that I just mentioned...or any others in your life...ever abused you emotionally? For example, has anyone ever humiliated you or made you feel ashamed by calling you names?

Additional Probes:

Ask about the other's knowledge of abuse.

Note: Probes should be used sparingly for this question since the intent is merely to record whether or not abuse occurred, not to discuss the issue in detail.

Coding Issues: Although some consider prostitution a form of abuse, do not code it as abuse here. Rather, code 0, as it is assumed that the individual exercised free will in entering into prostitution.

Cross-check item with:

F30-31. Conflicts

F30-F31. How many days in the past 30 have you had serious conflicts with your family/other people?

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 client'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 a conflict, which may have put your relationship with someone in your life in jeopardy...for example, a big blow-up...?

Additional Probes:

Ask the nature of the conflict. (What did you fight about?) Ask

how regularly serious conflicts occur.

Coding Issues: If a conflict occurred only because a client was under the influence of a substance, you should record the problem days in the drug/alcohol problem section, rather than the family/social section. 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.

Cross-check item with:

F32-F35. Client's ratings-family and social problems

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

F34. How important is it for you to get counseling for family problems? F33.

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

F35. How important is it for you to get counseling for social problems?

Intent/Key Points: To record the client's feelings about how bothersome the

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 client to rate the problem, mention it specifically, rather than using the term "problems." For example, if the client reports being troubled by problems with his mother in the last 30 days, ask the client question 20 in the following way:

Mr. Smith, how troubled or bothered have you been in the past 30 days by the problem that you have had with your mother?

Ask the client question 21 in the following way:

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

Additional Probes:

Details of the problems

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

Do not include problems that would be eliminated if the client's abuse problems ended.

For item 22, be sure that the client is aware that he or she is not rating whether or not his/her family would agree to participate, but how badly he or she needs counseling for family problems in whatever form.

Cross-check items 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 3), living arrangements (item 6), or free time (item 8) may be reported. In addition, patients may indicate a need for treatment to address serious problem (items 10-18), or serious conflicts (Items 19A-B).

F36. Family/Social Section Severity Rating

Remember the two-step derivation method for severity ratings:

Step 1: Reduce the 10-point scale (0-9) to 2 or 3 points, using only the critical objective items.

0-1 No problem, treatment not necessary

2-3 Slight problem, treatment probably necessary

4-5 Moderate problem, treatment probably necessary

6-7 Considerable problem, treatment necessary

8-9 Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the critical objective items of the section.

CRITICAL OBJECTIVE ITEMS OF THE FAMILY/SOCIAL SECTION

ITEM	DESCRIPTION
2-3	Stability / Satisfaction - Marital
5-6	Stability / Satisfaction - Living
8	Satisfaction with Free Time
11-19	Lifetime Problems with Relatives
19A-B	Serious Conflicts

Step 2: Factor in the client's rating scale, as described on pages 5-7. For example, if the interviewer's 3-point range is 6-7-8, and the client reports that he has been extremely (rates it a 4) troubled by problems with his wife and he would be extremely (rates it a 4) interested in marriage counseling, then select the highest point of the 3-point range (in this case, a 8) for the severity rating in this section.

The meaning of the 6-severity rating is that treatment is absolutely necessary for the family/social section. The severity rating for this section should have no effect on any other sections.

Psychiatric Tab

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. For example, depression and guilt associated with violating a friend's trust or losing a job should be counted.

P1. Psychological/emotional treatments

P1. How many times have you been treated for any psychological or emotional problems?

Intent/Key Points: The intent of this question is to verify another professional's recognition of a problem; for example, has the patient actually been in treatment? This includes any type of treatment for any type of psychological or emotional problems. This does not include substance abuse, employment, or family counseling. The unit of measure is a treatment episode (usually a series of more or less continuous visits or treatment days), not the number of visits or days in treatment per use.

If the client 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

Reasons for leaving each program

Coding Issues:

Cross-check item with:

P2. Psychiatric disability

P2. Do you receive a pension for a psychiatric disability?

Intent/Key Points: The intent of this question is to verify another professional's opinion regarding seriousness of a psychiatric disability. Pensions for physical problems of the nervous system (e.g., epilepsy, etc.) should be counted under item 5 in Medical Section, not here.

Suggested Interviewing Techniques: Ask as written.

Mr. Smith, do you receive a pension for a psychiatric disability?

Additional Probes: Source

of pension Amount of

pension **Coding Issues:**

Cross-check item with:

Employment/Support Status, item 15

P3-P4. Depression, anxiety or tension

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

P3. Experienced serious depression suggested by sadness, hopelessness, significant loss of interest, listlessness, difficulty with daily function, guilt, crying jags, etc.

P4. Experienced serious anxiety or tension suggested by feeling uptight, unable to feel relaxed, unreasonably worried, etc.

Intent/Key Points: These lifetime items are concerned with serious psychiatric symptoms over a significant period of time (at least 2 weeks). The client should understand that these periods refer only to times when he or 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,

How about more recently? Have you experienced severe depression in the past 30 days?

It has been our experience that the client will almost always be able to differentiate a sustained period of emotional problem from a drug or alcohol induced probe. However, to avoid potential confusion, you may want to ask them a general question, first.

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

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

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

you may decide to ask him directly.

During that period of 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:

Ask about circumstances surrounding the period of time when the client experienced the symptom.

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.

Cross-check item with:

P5-P6. Hallucinations, trouble understanding, concentrating, remembering

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

P5. Experienced hallucinations (saw things or heard voices that were not there) restricted to times when client was drug free and not suffering from withdrawal.

P6. Experienced trouble understanding, concentrating or remembering. Suggested by serious trouble in concentrating, figuring, planning ahead, remembering, and/or understanding, restricted to times when client was drug- free and not suffering from withdrawal.

Intent/Key Points: Item 6 concerns serious psychiatric symptoms over a significant period of time (at least 2 weeks). Item 5 is of sufficient importance that even its brief existence warrants that it be recorded. For items 5 and 6, the client should understand that these periods refer only to times when he or 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. In cases where doubts exist, ask the client 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? For example, have you heard things others didn't, people talking to you, or images others do not see?

Additional Probes:

Ask the nature of the hallucination (what the client saw or heard). Ask the type of memory or concentration probe.

Coding Issues: 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.

Cross-check item with:

P7-P9. Violent behavior, suicide

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

P7. Experienced trouble controlling violent behavior: losing control, feeling like losing control, throwing things, getting violent, hit anyone, rage, or violence. This is not restricted to times when client was drug free and not suffering from withdrawal.

P8. Experienced serious thoughts of suicide: Times when client seriously considered a plan for taking his/her life. This is not restricted to times when client was drug free and not suffering from withdrawal.

P9. Attempted suicide: Include discrete suicidal gestures or attempts. This is not restricted to times when client was drug free and not suffering from withdrawal.

Important: The seriousness of items 7, 8, and 9 warrant inclusion even if they were caused by or associated with alcohol or drug use.

Intent/Key Points: Items 7, 8 and 9 are of sufficient importance that even their brief existence warrants that they be recorded even if they were caused by or associated with alcohol or drug use. Reports of recent violent behavior, suicidal thoughts, or suicide attempts should be brought to the attention of a supervisor from the treatment staff as soon as possible, even if this violates normal confidentiality guidelines. Note that this holds true for actual suicidal behaviors, whether or not there was an actual intent to kill oneself (e.g., client is so distraught that he or she takes an overdose of prescribed medication, which could potentially have been lethal).

IMPORTANT: For item 8, ask the client if he or she has recently considered suicide or attempted suicide. If the answer is "Yes," and/or the client 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, e.g., did you have a gun?)

Coding Issues: Note that the instructions "Not restricted to times when client was drug free" may appear to conflict with the instructions on the ASI instrument. It is important to identify times when the client was suicidal or violent even if those times occurred when the client was using drugs.

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.

Cross-check item with:

P10. Medication for psychological/emotional problem

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

P10. Been prescribed medication for any psychological/emotional problem: Medication must have been prescribed by a physician for a psychiatric or emotional problem. Record yes, if the medication was prescribed, even if it was not taken by the client.

Intent/Key Points: To record information about whether the client has had psychiatric lifetime question from each pair, first. For example:

Have you ever taken prescribed 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:

Ask the types of medication taken.

Ask the client's perception of the reason for the medication to be taken. Ask whether or not the client has been taking it as prescribed.

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.

Cross-check item with:

P11. Psychological/emotional problems-past 30 days

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

Intent/Key Points: To record the number of days that the client has experienced the previously mentioned psychological or emotional problems. Be sure to have the client restrict his/her responses to those problems counted in items 3 through 9.

Suggested Interviewing Techniques: Although many clients admit to 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 (i.e., "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 3-9. For example:

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

Additional Probes:

Ask about the duration of the symptom(s).

Ask about any trigger(s) for the symptom(s) (if applicable).

Coding Issues: If there is overlap in terms of the number of days reported for different problems (e.g., days 1-14 = 14 for depression; days 2-7 = 5 for suicidal thoughts), then the total number of days would be 14, not 19. The total would be 19 only if there was no overlap (e.g., days 1-14 for depression, days 20-25 for suicidal thoughts).

Cross-check item with:

P12-P13. Client psychological/emotional problem ratings

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

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

Intent/Key Points: To record the client'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 client restrict his/her response to those problems counted in items 3 through 9.

Suggested Interviewing Techniques: When asking the client to rate the problem, use the name of it, rather than the term "psychological problems." For example, if the client reports having trouble with serious anxiety in the last 30 days, ask the client question 11 in the following way:

Mr. Smith, how troubled or bothered have you been in the past 30 days by the anxiety that you mentioned?

Ask item 13 in the following way:

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

Additional Probes:

Coding Issues: Referring to item 11, have the client rate the severity of those problems in the past 30 days. Be sure that client understands that you do not necessarily mean transfer to a psychiatric ward, or psychotropic medication.

Cross-check item with:

P14-P19. Patient symptoms

P14-P19. Patient Symptoms: These are ratings by the interviewer based on his/her observations of the client. The interviewer should use his judgement based upon the client's behavior and answers during the interview. Do not over interpret; count only the presence of overt symptoms in these categories.

In particular, look for the following: problems with reality testing (for example, confusion or errors as to what the current date or place is, or who the person is); thought disorders involving grandiose thinking (for example, the client feels that he or she has special powers to do superhuman actions or intrusive ideas keep entering the client's thoughts despite his/her efforts to ignore or block them); paranoid thinking (for example, the patient talking about being followed or being watched or the phone being tapped).

P20. Interviewer Severity Rating

Remember the two-step derivation method for severity ratings:

Step 1: Reduce the 10-point scale (0-9) to 2 or 3 points, using only the critical objective items (items 1-11 in the Psychiatric Status section.)

0-1 No problem, treatment not necessary

2-3 Slight problem, treatment probably necessary

4-5 Moderate problem, treatment probably necessary

6-7 Considerable problem, treatment necessary

8-9 Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the critical objective items of the section.

CRITICAL OBJECTIVE ITEMS OF THE PSYCHIATRIC STATUS SECTION

ITEM	DESCRIPTION
1	Lifetime Hospitalizations
3-10	Present and Lifetime Symptoms

Step 2: Factor in the client's rating scale, as described on pages 5-7. For example, if the interviewer's 3-point range is 4-5-6, and the client reports that he has been extremely (rates it a 4) anxious and he would be extremely (rates it a 4) interested in treatment for anxiety, then select the highest point of the 3-point range (in this case, a 6) for the severity rating in this section.

The meaning of the 6-severity rating is that treatment is necessary for the psychiatric section. The severity rating for this section should have no effect on any other sections.