AccuCare is a product of
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ADDICTION SEVERITY INDEX

LITE *Version* 1998 CF

Client's Name: First ______________________________

Middle ______________________________

Last ______________________________

Social Security #: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

Date of Birth: [ ][ ] / [ ][ ] / [ ][ ]

Gender (M/F): [ ]

Client ID:

[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

INSTRUCTIONS

1. Leave no blanks. Where appropriate code items:
   - Y-Yes
   - N-No
   - X-Question not applicable
   - Z-Question not answered

Use only one character per item.

2. Space is provided after sections for additional comments.

SEVERITY RATINGS

The severity ratings are interview estimates of the patient's need for additional treatment in each area. The scales range from 0 (no treatment necessary) to 9 (treatment needed to intervene in life-threatening situations). Each rating is based upon the patient's history of problem symptoms, present condition and subjective assessment of the patient's treatment needs in a given area.

Orion Healthcare Technology is a leader in providing automated practice management solutions to the behavioral health and substance abuse fields. Our products include adult, adolescent, criminal justice and mental health assessments; treatment plans, patient placement software, progress notes, discharge summaries, outcome research software, MIS, electronic data transfer, office scheduling and billing applications. If you would like information about the automated version of this questionnaire or others, please feel free to call our toll-free number listed above. Orion Healthcare Techology allows the photocopying of this questionnaire for clinical use, but reserves the software rights for this product.

ADDICTION SEVERITY INDEX

GENERAL INFORMATION

G1. Client ID: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

G2. Social Security #: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

G3. Program #: [ ][ ][ ]

G4. Date of Admission: [ ][ ] / [ ][ ] / [ ][ ]

G5. Date of Interview: [ ][ ] / [ ][ ] / [ ][ ]

G6. Time Begun: [ ][ ] : [ ][ ]

G8. Class: [ ]
- 1-Intake
- 2-Follow-up

G9. Contact Code: [ ]
- 1-In Person
- 2-Phone

G51. Interviewer's Initials [ ][ ][ ]

G10. Gender:
- 1-Male
- 2-Female

G12. Special [ ]
- 1-Patient terminated
- 2-Patient refused
- 3-Patient unable to respond
- X-Not Applicable

G23. Client's:

_______________ First name _______________ Middle name _______________ Last name

____ Address

____ Address

_______________ City _______________ State _______________ Zip

G14. How long have you lived at this address?

Years [ ][ ] Months [ ][ ]

G16. Date of birth: [ ][ ] / [ ][ ] / [ ][ ]

G17. Race: [ ]

- 1-White (Not of Hispanic Origin)
- 2-Black (Not of Hispanic Origin)
- 3-American Indian
- 4-Alaskan Native
- 5-Asian or Pacific Islander
- 6-Hispanic-Mexican
- 7-Hispanic-Puerto Rican
- 8-Hispanic-Cuban
- 9-Other Hispanic

COMMENTS FOR GENERAL AREA: ______________________________

G18. Religious Preference: ☐

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

G58. Specify Other:____

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

1-No	4-Medical treatment
2-Jail	5-Psychiatric treatment
3-Alcohol or drug treatment	6-Other

Specify Other: ____

G20. How many days? ☐☐

COMMENTS FOR GENERAL AREA: ______________________________

MEDICAL STATUS

M1. How many times in your life have you been hospitalized for medical problems? (*Include ODs, DTs, exclude detox)*

M3. Do you have any chronic medical problems which continue to interfere with your life (Y/N)?

Specify: ____

M4. Are you taking any prescribed medication on a regular basis for a physical problem (Y/N)?

M5. Do you receive financial compensation for a pension or a physical disability (Y/N)?

Specify: ____

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

ASK THE PATIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0-NOT AT ALL
1-SLIGHTLY
2-MODERATELY
3-CONSIDERABLY
4-EXTREMELY

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

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

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

M9. How would you rate the client's need for medical treatment (0-9)?

CONFIDENCE RATINGS

Is the Medical Status information significantly distorted by:

M10. Patient's misrepresentation (Y/N)?

M11. Patient's inability to understand (Y/N)?

COMMENTS FOR MEDICAL AREA: ______________________________

EMPLOYMENT/SUPPORT STATUS

E1. Education completed (GED = 12 years):

Years [ ][ ]   Months [ ][ ]

E2. Training or technical education completed   Months [ ][ ]

E4 Do you have a valid driver's license (Y/N)? [ ]

E5. Do you have an automobile available for your use (Y/N)? [ ]
(Answer "no" if no valid driver's license)

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

Years [ ][ ]   Months [ ][ ]

E7. Usual (or last) occupation: [ ]

1a. Higher Executives
1b. Large Proprietor (Value over $180,000)
1c. Major Professionals
2a. Business Managers
2b. Proprietors of Medium-Sized Businesses
3a. Administrative Personnel
3b. Proprietors of Small Businesses (<$55,000)
3c. Minor Professionals
3d. Farmers (Owners $41,000-$60,000)
4a. Clerical and Sales Workers
4b. Technicians
4c. Proprietors of Little Business (<$10,000)
4d. Farmers (Owners $21,000-$40,000)
5a. Skilled Manual Employees and Small Farmers
5b. Small Farmers (Owners <$20,000)
6a. Machine Operators and Semi-Skilled Employees
6b. Small Farm Tenants
7. Unskilled Employees

Specify: ____________________

E9. Does someone contribute to your support in any way (Y/N)? [ ]

Specify: ____________________

E10. Usual employment pattern, past 3 years. [ ]

1-Full-time (40 hrs/wk)`	5-Service
2-Part-time (reg. hrs.)	6-Retired/Disability
3-Part-time (irreg., daywork)	7-Unemployed
4-Student	8-In controlled environment

E11. How many days were you paid for working in the last 30? [ ][ ]
(Include "under the table" work.)

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

E12. Employment (net income): [ ][ ][ ][ ]

E13. Unemployment compensation: [ ][ ][ ][ ]

E14. Welfare: [ ][ ][ ][ ]

E15. Pension, benefits or social security: [ ][ ][ ][ ]

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

E17. Illegal: [ ][ ][ ][ ]

COMMENTS FOR EMPLOYMENT AREA: ____________________

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

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

ASK THE PATIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0-NOT AT ALL
1-SLIGHTLY
2-MODERATELY
3-CONSIDERABLY
4-EXTREMELY

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

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

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

E22. How would you rate the client's need for medical treatment (0-9)? [ ]

CONFIDENCE RATINGS

Is the Employment/Support Status information significantly distorted by:

E23. Patient's misrepresentation (Y/N)? [ ]

E24. Patient's inability to understand (Y/N)? [ ]

COMMENTS FOR EMPLOYMENT AREA: ______________________________

DRUG/ALCOHOL USE

		# Days Past 30	Lifetime Yrs.	Route of Admin.
D1.	Alcohol (any use at all)			
D2.	Alcohol (to intoxication)			
D3.	Heroin			
D4.	Methadone			
D5.	Other opiates/analgesics			
D6.	Barbiturates			
D7.	Other sedatives/hypnotics/ tranquilizers			
D8.	Cocaine			
D9.	Amphetamines			
D10.	Cannabis			
D11.	Hallucinogens			
D12.	Inhalants			
D13.	More than 1 substance per day (including alcohol)			

Route of Administration

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

D17. How many times have you had alcohol DTs?

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

D19. Alcohol abuse?

D20. Drug abuse?

How many of these were for detox only:

D21. Alcohol abuse?

D22. Drug abuse?

COMMENTS FOR DRUG/ALCOHOL AREA: ____________________

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

D23. Alcohol? $

D24. Drugs? $

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

How many days in the past 30 have you experienced:

D26. Alcohol problems?

D27. Drug problems?

ASK THE PATIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0-NOT AT ALL
1-SLIGHTLY
2-MODERATELY
3-CONSIDERABLY
4-EXTREMELY

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

D28. Alcohol problems?

D29. Drug problems?

How important to you now is treatment for these:

D30. Alcohol problems?

D31. Drug problems?

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

CONFIDENCE RATINGS

D32. How would you rate the client's need for medical treatment (0-9)?

Is the Drug/Alcohol Status information significantly distorted by:

D34. Patient's misrepresentation (Y/N)?

D35. Patient's inability to understand (Y/N)?

ADDITIONAL COMMENTS FOR DRUG/ALCOHOL AREA:

LEGAL STATUS

L1. Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.) (Y/N)? ☐

L2. Are you on probation or parole? ☐
0-Neither
1-Probation
2-Parole

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

L3. Shoplifting/vandalism/theft? ☐☐

L4. Parole/probation violations? ☐☐

L5. Drug charges? ☐☐

L6. Forgery? ☐☐

L7. Weapons offense? ☐☐

L8. Burglary/larceny/B&E? ☐☐

L9. Robbery? ☐☐

L10. Assault? ☐☐

L11. Arson? ☐☐

L12. Rape? ☐☐

L13. Homicide/manslaughter? ☐☐

L14. Prostitution? ☐☐

L15. Contempt of court? ☐☐

L16. Other? ☐☐

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

How many times in your life have you been charged with:

L18. Disorderly conduct? ☐☐

Vagrancy? ☐☐

Public intoxication? ☐☐

L19. Driving while intoxicated? ☐☐

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

L21. How many month(s) were you incarcerated in your life? ☐☐☐

L24. Are you presently awaiting charges, trial or sentencing (Y/N)? ☐

COMMENTS FOR LEGAL AREA: ________________________________

L25. What was it for? (If multiple charges, use most severe.) [|]

03-Shoplifting/vandalism/theft	12-Rape/sex related crimes
04-Parole/probation violation	13-Homicide/manslaughter
05-Drug charges	14-Prostitution
06-Forgery	15-Contempt of court
07-Weapons offense	16-Other
08-Burglary/larceny/B&E	18-Disorderly conduct, vagrancy
09-Robbery	19-Driving while intoxicated
10-Assault	20-Major driving violations
11-Arson	

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

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

ASK THE PATIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0-NOT AT ALL	3-CONSIDERABLE
1-SLIGHTLY	4-EXTREMELY
2-MODERATELY	

L28. How serious do you feel your present legal problems are? (exclude civil problems) [ ]

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

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

L30. How would you rate the client's need for medical treatment (0-9)? [ ]

CONFIDENCE RATINGS

Is the Legal Status information significantly distorted by:

L31. Patient's misrepresentation (Y/N)? [ ]

L32. Patient's inability to understand (Y/N)? [ ]

ADDITIONAL COMMENTS FOR LEGAL AREA: ______________________

FAMILY/SOCIAL RELATIONSHIPS

F1. Marital status: ☐

1-Married
2-Remarried
3-Widowed
4-Separated
5-Divorced
6-Never Married

F3. Are you satisfied with this situation (0-2)? ☐

0-No
1-Indifferent
2-Yes

F4. Usual living arrangements for the past three years: ☐

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

F6. Are you satisfied with these arrangements? ☐

0-No
1-Indifferent
2-Yes

Do you live with anyone who:

F7. Has a current alcohol problem (Y/N)? ☐

F8. Uses non-prescribed drugs (Y/N)? ☐

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

1-Family
2-Friends
3-Alone

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

0-No
1-Indifferent
2-Yes

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

Y-Yes N-No

	Past 30 Days	In Your Life
F18. Mother	☐	☐
F19. Father	☐	☐
F20. Brothers/Sisters	☐	☐
F21. Sexual partner/Spouse	☐	☐
F22. Children	☐	☐
F23. *Other significant family	☐	☐
F24. Close friends	☐	☐
F25 Neighbors	☐	☐
F26. Co-workers	☐	☐

*Specify Other: ____________________________________

COMMENTS FOR FAMILYs/SOCIAL RELATIONSHIPS AREA: ___

Did any of these people abuse you:

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

	Past 30 days	In Your Life
F28. Physically (cause you physical harm)?		
F29. Sexually (force sexual advances or sexual acts)?		

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

F30. With your family?

F31. With other people (excluding family)?

ASK THE PATIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0-NOT AT ALL	3-CONSIDERABLY
1-SLIGHTLY	4-EXTREMELY
2-MODERATELY	

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

F32. Family problems?

F33. Social problems?

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

F34. Family problems?

F35. Social problems?

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

F36. How would you rate the client's need for medical treatment (0-9)?

CONFIDENCE RATINGS

Is the Family/Social Relationships information significantly distorted by:

F37. Patient's misrepresentation (Y/N)?

F38. Patient's inability to understand (Y/N)?

COMMENTS FOR FAMILY/SOCIAL RELATIONSHIPS AREA: ____

PSYCHIATRIC STATUS

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

P1. In a hospital or inpatient setting? ☐☐

P2. As an outpatient or private patient? ☐☐

P3. Do you receive financial compensation for a psychiatric disability? (Y/N)? ☐

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

Y-Yes N-No X-Not applicable Z-Not answered	Past 30 Days	Lifetime
P4. Experienced serious depression?	☐	☐
P5. Experienced serious anxiety or tension?	☐	☐
P6. Experienced hallucinations?	☐	☐
P7. Experienced trouble understanding, concentrating or remembering?	☐	☐
P8. Experienced trouble controlling violent behavior?	☐	☐
P9. Experienced serious thoughts of suicide?	☐	☐
P10. Attempted suicide?	☐	☐
P11. Been prescribed medication for any psychological/emotional problems?	☐	☐

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

ASK THE PATIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0-NOT AT ALL
1-SLIGHTLY
2-MODERATELY
3-CONSIDERABLY
4-EXTREMELY

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

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

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

P20. How would you rate the patient's need for Psychiatric/psychological treatment? (0-9) ☐

(0-None necessary to 9-Treatment needed to intervene in life threatening situation)

Is the Psychiatric Status information significantly distorted by:

P21. Patient's misrepresentation (Y/N)? ☐

P22. Patient's inability to understand (Y/N)? ☐

COMMENTS FOR PSYCHIATRIC AREA: ____________________

INTERVIEWER'S ASSESSMENT

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DIAGNOSTIC IMPRESSION

SASSI-3:

- RAP? ☐
- FVA? ☐
- FVOD? ☐
- SYM? ☐
- OAT? ☐
- SAT? ☐
- DEF? ☐
- SAM? ☐
- FAM? ☐
- COR? ☐

DSM-IV

AXIS I:

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Description:

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AXIS II:

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Description:

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AXIS III:

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AXIS IV:

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AXIS V:

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COMMENTS FOR DIAGNOSTIC IMPRESSION:________________

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RECOMMENDATION FOR TREATMENT

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LEVEL OF CARE RECOMMENDATION

(Check one):

1. Not applicable ☐
2. Level I – (Outpatient treatment) ☐
3. Level II – (Intensive outpatient/partial hospitalization) ☐
4. Level III – (Medically monitored intensive inpatient) ☐
5. Level IV – (Medically managed intensive inpatient) ☐