



1016 Leavenworth Street
Omaha, NE 68102
800-324-7966
www.myaccucare.com

CRIMINAL JUSTICE ASI QUESTIONNAIRE

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 the U.S. 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. Accurate Assessments allows the photocopying of this questionnaire for clinical use, but reserves the software rights for this product.

CRIMINAL JUSTICE ASI QUESTIONNAIRE

GENERAL INFORMATION

G1. Inmate ID:

G2. Social Security #:

 - -

G3. Date of Admission:

 / /

G4. What is your current charge? _____

G5. What is your current sentence? _____

G6. Date of Interview:

 / /

G7. Time Begun:

 :

G8. Class:

1-Intake 2-Follow-up

G9. Contact Code:

1-In person
2-Phone
3-Mail

G10. Interviewer's initials:

G11. Gender

M-Male
F-Female

G12. Special:

1-Terminated 3-Unable to respond
2-Refused X-Not applicable

G13. Offender's:

First name Middle name Last name

Address

Address

City State Zip

Phone number:

 - -

G14. How long did you live there prior to incarceration?

Years Months

G15. Is this address owned by you or your family (Y/N)?

G16. Date of birth:

 / /

G17. Of what race do you consider yourself?

- 1-White 6-Hispanic-Mexican
2-Black 7-Hispanic-Puerto Rican
3-American Indian 8-Hispanic-Cuban
4-Alaskan Native 9-Other Hispanic
5-Asian or Pacific Islander

G18. Religious preference:

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

Specify other religion: _____

G19. In the 30 days prior to this incarceration, had you been

in a controlled environment?

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

Specify Other: _____

How many days?

COMMENTS FOR GENERAL AREA: _____

MEDICAL STATUS

COMMENTS FOR MEDICAL AREA: _____

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

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

What was it for? _____

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)?

What is it? _____

What is it for? _____

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

Specify: _____

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

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

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

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

INTERVIEWER SEVERITY RATING

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

CONFIDENCE RATINGS

Is the Medical Status information significantly distorted by:

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

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

EMPLOYMENT/SUPPORT STATUS

E1. Education completed (GED = 12 years):
 Years Months

E2. Training or technical education completed Months

E3. Do you have a profession, trade or skill (Y/N)?
 Specify: _____

E4. Prior to incarceration, did you have a valid driver's license (Y/N)?

E5. Prior to this incarceration, did 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: _____

E8. Prior to this incarceration, did someone contribute to your support in any way (Y/N)?

Specify: _____

Does this constitute the majority of your support (Y/N)?

E9. Employment status:
 1-Full-time (35+ 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

E10. How many days were you paid for working in the 30 days prior to this incarceration?

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

E11. Employment (net income):

E12. Unemployment compensation:

E13. Welfare:

E14. Pension, benefits or social security:

E15. Mate, family or friends:

E16. Illegal:

E17. What was your gross income last year?

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 days prior to this incarceration?

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

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

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

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

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

E22. How would you rate the inmate's need for employment counseling (0-9)?

CONFIDENCE RATINGS

Is the Employment/Support Status information significantly distorted by:

E23. Inmate's misrepresentation (Y/N)?

E24. Inmate's inability to understand (Y/N)?

COMMENTS FOR EMPLOYMENT AREA: _____

FAMILY HISTORY

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?

Y-Yes N-No X-Not applicable Z-Not answered

<u>Mother's Side</u>		Alcohol	Drug	Psych.
H1.	Grandmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2.	Grandfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H3.	Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H4.	Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H5.	Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Father's Side</u>		Alcohol	Drug	Psych.
H6.	Grandmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H7.	Grandfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H8.	Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H9.	Aunt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H10.	Uncle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many siblings do you have?

H11.	Brothers:	<input type="checkbox"/>	<input type="checkbox"/>
H12.	Sisters:	<input type="checkbox"/>	<input type="checkbox"/>

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

Y-Yes N-No X-Not applicable Z-Not answered

<u>Siblings</u>		Alcohol	Drug	Psych.
H13.	Brother #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H14.	Brother #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H15.	Sister #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H16.	Sister #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H17.	How many times has your mother been married?	<input type="checkbox"/>	<input type="checkbox"/>
H18.	How many times has your father been married?	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS FOR FAMILY HISTORY AREA: _____

FAMILY/SOCIAL RELATIONSHIPS

COMMENTS FOR FAMILY/SOCIAL RELATIONSHIPS AREA: _____

F1. Marital status:

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

F2. How long have you been in this marital status?
(If never married, then since age 18)

Years

Months

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

- 0-No
- 1-Indifferent
- 2-Yes

F51. How many children do you have?

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

F5. How long have you lived in these arrangements?

Years

(If with family or parents, since age 18)

Months

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

F11. How many close friends do you have?

Would you say you have had close, reciprocal relationships with any of the following people in your life?

Y-Yes N-No X-Not applicable Z-Not answered

F12. Mother

F13. Father

F14. Brothers/Sisters

F15. Sexual Partner/Spouse

F16. Children

F17. Friends

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

Y-Yes N-No X-Not applicable Z-Not answered

	Past 30 Days	In Your Life	Has Alcohol or Drugs Affected This Relationship
F18. Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F19. Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F20. Brothers/Sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F21. Sexual partner/Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F22. Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F23. *Other significant family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F24. Close friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F25. Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F26. Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F23. *Specify other relative: _____

Did any of these people abuse you:

- | | |
|--------------------------|---|
| 00-None | 23-Other family |
| 18-Mother | 24-Close friends |
| 19-Father | 25-Neighbors |
| 20-Borther/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
F27. Emotionally (make you feel bad through harsh words)?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
F28. Physically (cause you physical harm)?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
F29. Sexually (force sexual advances or sexual acts)?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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

F30. With your family?	<input type="checkbox"/> <input type="checkbox"/>
F31. With other people (excluding family)?	<input type="checkbox"/> <input type="checkbox"/>

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

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

In the past 30 days prior to incarceration, how troubled or bothered have you been in the past 30 days by these:

F32. Family problems?	<input type="checkbox"/>
F33. Social problems?	<input type="checkbox"/>
How important to you now is treatment or counseling for these:	
F34. Family problems?	<input type="checkbox"/>
F35. Social problems?	<input type="checkbox"/>

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

F36. How would you rate the inmate's need for family and/or social counseling (0-9)?

CONFIDENCE RATINGS

Is the Family/Social Relationships information significantly distorted by:

F37. Inmate's misrepresentation (Y/N)?
 F38. Inmate's inability to understand (Y/N)?

ADDITIONAL COMMENTS FOR FAMILY/SOCIAL AREA: _____

PSYCHIATRIC STATUS

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

In a hospital or inpatient setting?

As an outpatient or private patient?

P2. Do you receive financial compensation for a psychiatric or emotional disability (include pension, SSI, SSDI, etc.) (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
P3. Experienced serious depression - sadness, hopelessness, loss of interest, difficulty with daily functioning?	<input type="checkbox"/>	<input type="checkbox"/>
P4. Experienced serious anxiety/ tension - uptight, unreasonably worried, inability to feel relaxed?	<input type="checkbox"/>	<input type="checkbox"/>
P5. Experienced hallucinations - saw things or heard voices that others did not see or hear?	<input type="checkbox"/>	<input type="checkbox"/>
P6. Experienced trouble understanding, concentrating or remembering?	<input type="checkbox"/>	<input type="checkbox"/>
P7. Experienced trouble controlling violent behavior including episodes of rage or violence?	<input type="checkbox"/>	<input type="checkbox"/>
P8. Experienced serious thoughts of suicide?	<input type="checkbox"/>	<input type="checkbox"/>
P9. Attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>
P10. Been prescribed medication for any psychological/emotional problems?	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: For questions 7-9, include incidents that occurred when the person was under the influence of substances.

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

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

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

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 or emotional problems?

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

At the time of the interview, is the inmate (Y/N)?

P14. Obviously depressed/withdrawn?

P15. Obviously hostile?

P16. Obviously anxious/nervous?

P17. Having trouble with reality testing, thought disorders, paranoid thinking?

P18. Having trouble comprehending, concentrating, remembering?

P19. Having suicidal thoughts?

INTERVIEWER SEVERITY RATING

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

CONFIDENCE RATINGS

Is the Psychiatric Status information significantly distorted by:

P21. Inmate's misrepresentation (Y/N)?

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

Time Begun: :

Time End: :

COMMENTS FOR PSYCHIATRIC AREA: _____
