

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

CRIMINAL JUSTICE ASI QUESTIONNAIRE

Client's Name:	Firs	t								STRUCTIONS
	Mid Las	 dle_ t								Leave no blanks. Where appropriate code items: Y-Yes N-No X-Question not applicable Z-Question not answered se only one character per item.
Social Security	#:			 -		_			2.	Space is provided after sections for additional imments.
Date of Birth:					/	/	/		Th pa	EVERITY RATINGS ne severity ratings are interview estimates of the attent's need for additional treatment in each area. ne scales range from 0 (no treatment necessary) to 9
Gender (M/F):									sit his	eatment needed to intervene in life-threatening tuations). Each rating is based upon the patient's story of problem symptoms, present condition and ibjective assessment of the patient's treatment needs
Client ID:										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

<u>GE</u>	NERAL INFORMATION			G16.	Date of birth:		/ T	
G1.	Inmate ID:			0.0.	24.6 6. 5		` <u> </u>	
01.				G17.	Of what race do you consider y	ourself?		
G2.	Social Security #: - Date of Admission:	-			1-White 2-Black 3-American Indian 4-Alaskan Native 5-Asian or Pacific Islander	6-Hispanic-Mexican 7-Hispanic-Puerto Rican 8-Hispanic-Cuban 9-Other Hispanic	_	
G4.	What is your current charge?			G18.	Religious preference:		L	
G5.	What is your current sentence?				1-Protestant 2-Catholic 3-Jewish	4-Islamic 5-Other 6-None		
					Specify other religion:			
G6.	Date of Interview:	/ / /		G19.	In the 30 days prior to this incar	rcerations, had you been	Ĺ	
G7.	Time Begun:				in a controlled environment? 1-No 2-Jail 3-Alcohol or drug treatment	4-Medical treat 5-Psychiatric tr 6-Other		ıt
G8.	Class:				Specify Other:			
	1-Intake 2-Folio	ow-up			How many days?			_
G9.	Contact Code:			COM	MENTS FOR GENERAL AREA: _			
	1-In person 2-Phone 3-Mail							_
G10.	Interviewer's initials:							
G11.	Gender							
	M-Male F-Female							
G12.	Special:							
	1-Terminated 3-Unal 2-Refused X-Not	ole to respond applicable						
G13.	Offender's:							
First	name Middle name	Last nar	me					
Addre	ess							
Addre	ess							—
City	State	Zip						
Phon	e number:	-						
G14.	How long did you live there prior to inca	rceration?						
	Years	Months						
G15.	Is this address owned by you or your far	mily (Y/N)?						

ME	DICAL STATUS	COMMENTS FOR MEDICAL AREA:
M1.	How many times in your life have you been hospitalized for	
IVI I .	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:	
	Inmate's misrepresentation (Y/N)?	
M11.	Inmate's inability to understand (Y/N)?	

<u>EM</u>	PLOYMENT/SUPPORT STATUS	E14.	Pension, benefits or social security:	\top
E1.	Education completed (GED = 12 years):		1 shows, sensing an essential	<u></u>
	Years Months	E15.	Mate, family or friends:	_
E2.	Training or technical education completed Months	E16.	Illegal:	
		E17.	What was your gross income last year?	
E3.	Do you have a profession, trade or skill (Y/N)?	E10	How many people depend on you for the majority of their	
	Specify:	L 10.	food, shelter, etc.?	\sqsubseteq
E4.	Prior to incarceration, did you have a valid driver's license (Y/N)?	E19.	How many days have you experienced employment problems in the past 30 days prior to this incarceration?	
E5.	Prior to this incarceration, did you have an automobile available for your use (Y/N)?		ASK THE INMATE TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:	
E6	(Answer "no" if no valid driver's license) How long was your longest full-time job?		0-NOT AT ALL 3-CONSIDERABLY 1-SLIGHTLY 4-EXTREMELY 2-MODERATELY	
E6.		E20.	How troubled or bothered have you been by these employment	
	Years Months		problems in the past 30 days prior to this incarceration?	
E7.	Usual (or last) occupation:	E21.	How important to you now is counseling for these employment problems?	
	 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 		THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY	
	3b. Proprietors of Small Businesses (<\$55,000) 3c. Minor Professionals 3d. Farmers (owners \$41,000-\$60,000) 4a. Clerical and Sales Workers		INTERVIEWER SEVERITY RATING	
	4b. Technicians 4c. Proprietors of Little Business (<\$10,000) 4d. Farmers (Owners \$21,000-\$40,000)	E22.	How would you rate the inmate's need for employment counseling (0-9)?	
	5a. Skilled Manual Employees and Small Farmers5b. Small Farmers (Owners <\$20,000)6a. Machine Operators and Semi-Skilled Employees		CONFIDENCE RATINGS	
	6b. Small Farm Tenants 7. Unskilled Employees		Is the Employment/Support Status information significantly distor	rted
	Specify:		by:	
E8	Prior to this incarceration, did someone contribute to your support in any way (Y/N)?	E23.	Inmate's misrepresentation (Y/N)?	
	Specify:	E24.	Inmate's inability to understand (Y/N)?	
	Does this constitute the majority of your support (Y/N)?	CON	MMENTS FOR EMPLOYMENT AREA:	
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:			
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<u>DR</u>	UG/ALCOHOL USE			D19. How many months ago did this abstinence end? (00-still abstinent)
D1.	What age did you first try alcoho	l or drugs?		COMMENTS FOR DRUG/ALCOHOL AREA:
	What was it?	_		
			te of	
		Past 30 Lifetime Ad	min.	
D2.	Alcohol (any use at all)			
D3.	Alcohol (to intoxication)			
D4.	Heroin			
D5.	Methadone			
De	Other enicted/analysis		_	
D6.	Other opiates/analgesics		_	
D7.	Barbiturates			
D8.	Other sedatives/hypnotics/ tranquilizers			
D9.	Cocaine			
			<u> </u>	
D10.	Amphetamines			
D11.	Cannabis			
D12.	Hallucinogens			
D13.	Inhalants			
D14.	More than 1 substance per day (including alcohol)			
	Route of Ad	ministration		
	1-Oral 2-Nasal	4-Non-IV injection 5-IV injection		
	3-Smoking	5-IV IIIJection		
D15.	Have you ever used a needle to drugs (Y/N)?	administer any of these		
D16.	Are you an I.V. drug user (Y/N)?]
D17.	According to the interviewer, wh are the major problem?	ich substance(s)		
	00-No problem	08-Cocaine		
	01-Alcohol any use 02-Alcohol to intox. 03-Heroin	09-Amphetamines 10-Cannabis 11-Hallucinogens		
	04-Methadone 05-Opiates/analgesics 06-Barbiturates	12-Inhalants 15-Alcohol & one or more 16-More than one drug	drugs	
	07-Other sed/hyp/tranq			
D18.	How long was your last period o	f voluntary abstinence from t	his major	
	substance (substance identified (00-never abstinent)	in D-17)? Months		
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			D37	7. Alcohol problems?
Doo	How many times have you:	1	D38	3. Drug problems?
-	Had alcohol DTs?	1	-	How important to you now is treatment for these:
D21.	Overdosed on drugs?] D39). Alcohol problems?
	How many times have you been treated for:		7 D40). Drug problems?
	Alcohol abuse? Drug abuse?	<u> </u>] 	THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY
	How many of these were for detox only:	1	_	INTERVIEWER SEVERITY RATING
D24.	Alcohol?			How would you rate the inmate's need for treatment for (0-9):
D25.	Drug?] _{D4}	. Alcohol Problems?
Doo	Hambara and the broken and the broke	1		2. Drug Problems?
D26.	How long ago were you last in treatment? Years	1	<u> </u>	CONFIDENCE RATINGS
	Months]	Is the Drug/Alcohol Status information significantly distorted by:
D27.	Name of Center		D43	s. Inmate's misrepresentation (Y/N)?
	Address		D44	Inmate's inability to understand (Y/N)?
D28.	Type of treatment: 1-Inpatient			
D29.	2-Outpatient How long did it last? Days		AD	DITIONAL COMMENTS FOR DRUG/ALCOHOL AREA:
			, _	
D30.	Did you complete it successfully (Y/N)?			
D31.	Have you been evaluated for alcohol or drugs before today (Y/N)?		$] _{-}$	
	Where:		_	
	When:			
	During the 30 days prior to incarceration, how much money would you say you spent on:	i		
D32.	Alcohol? \$			
D33.	Drugs?			
D34.	In the 30 days prior to incarceration, how many days have you been treated in an outpatient setting for alcohol or drugs (include AA & NA)?]	
	In the 30 days prior to incarceration, how many days have you experienced:			
D35.	Alcohol problems?]	
D36.	Drug problems?		j	
	ASK THE INMATE TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS: 0-NOT AT ALL 1-SLIGHTLY 2-MODERATELY			
	How troubled or bothered have you been in the past 30 days by these:			
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<u>LEC</u>	GAL STATUS	10-Assault 20-Major driving violations 11-Arson
L1.	Are you on probation or parole?	COMMENTS FOR LEGAL AREA:
	0-Neither 1-Probation 2-Parole	
	How many times in your life have you been arrested and charged with the following?	
	Under the influence at the time?	
L2.	Shoplifting/vandalism/theft?	
L3.	Parole/probation violations?	
L4.	Drug charges?	
L5.	Forgery?	
L6.	Weapons offense?	
L7.	Burglary/larceny/B&E?	
L8.	Robbery?	
L9.	Assault?	
L10.	Arson?	
L11.	Rape/sex-related crimes?	
L12.	Homicide/manslaughter?	
L13.	Prostitution?	
L14.	Contempt of court?	
L15.	Other?	
L16.	How many of these charges resulted in convictions?	
	How many times in your life have you been charged with:	1
	Disorderly conduct?	
L18.	Vagrancy?	
L19.	<u> </u>	
L20.		
L21.	· · · ·	
	MIP (minor in possession)?	
L23.	In the 30 days prior to this incarceration, how many days were you detained or incarcerated in your life	
L24.	How many month(s) were you incarcerated in your life?	
1.25	How long was your last incarceration? Months	
L23.	now long was your last incarceration?	l
L26.	What was it for?	
	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	

L27.	Are you presently awaiting charges, trial or sentencing (Y/N)?	ADDITIONAL COMMENTS FOR LEGAL AREA:
	For what?	
L28.	How many days in the 30 days prior to this incarceration had you engaged in illegal activities for profit?	
	ASK THE INMATE TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:	
	0-NOT AT ALL 3-CONSIDERABLE 1-SLIGHTLY 4-EXTREMELY 2-MODERATELY	
L29.	How serious do you feel your present legal problems are? (exclude civil problems)	
L30.	How important to you now is counseling or referral for these legal problems?	
	THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY	
	INTERVIEWER SEVERITY RATING	
L31.	How would you rate the inmate's need for legal services or Counseling (0-9)?	
	CONFIDENCE RATINGS	
	Is the Legal Status information significantly distorted by:	
L32.	Inmate's misrepresentation (Y/N)?	
L33.	Inmate's inability to understand (Y/N)?	

FAMILY HISTORY COMMENTS FOR FAMILY HISTORY AREA: Have any of your relatives had what you wold 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 Mother's Side Alcohol Drug Psych. Grandmother Grandfather H2. H3. Mother Aunt H4. H5. Uncle Alcohol Psych. Father's Side Drug Grandmother H6. H7. Grandfather Father H8. H9. Aunt H10. Uncle How many siblings do you have? H11. Brothers: H12. Sisters: 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 Alcohol <u>Siblings</u> Drug Psych. H13. Brother #1 H14. Brother #2 H15. Sister #1 H16. Sister #2 H17. How many times has your mother been married? H18. How many times has your father been married?

FAI	MILY/SOCIAL RELATIONSHIPS	COMMENTS FOR FAMILY/SOCIAL RELATIONSHIPS AREA:
F1.	Marital status:]
	1-Married 4-Separated]
	2-Remarried 5-Divorced 3-Widowed 6-Never Married	
F2.	How long have you been in this marital status? Years	7
	(If never married, then since age 18) Months	-
F3.	Are you satisfied with this situation (0-2)?]
. 0.	0-No	1
	1-Indifferent 2-Yes	
F51.	How many children do you have?	ן
F4.	Usual living arrangements for the past three years:	
	1-With sexual partner and children	J
	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 Months] 1
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?	7
Woul	d you say you have had close, reciprocal relationships with any of the	
follow	ring 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	j
F17.	Friends	
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THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE Have you had significant periods in which you have experienced INTERVIEWER ONLY serious problems getting along with: Y-Yes N-No X-Not applicable Z-Not answered INTERVIEWER SEVERITY RATING Has Alcohol F36. How would you rate the inmate's need for family and/or social or Drugs counseling (0-9)? Past 30 In Your Affected This Days Life Relationship **CONFIDENCE RATINGS** F18. Mother Is the Family/Social Relationships information significantly distorted F19. Father F20. Brothers/Sisters F37. Inmate's misrepresentation (Y/N)? F21. Sexual partner/Spouse F38. Inmate's inability to understand (Y/N)? F22. Children F23. *Other significant family ADDITIONAL COMMENTS FOR FAMILY/SOCIAL AREA: F24. Close friends F25. Neighbors F26. Co-workers F23. *Specify other relative: Did any of these people abuse you: 00-None 23-Other family 24-Close friends 18-Mother 25-Neighbors 19-Father 20-Borther/Sister 26-Co-workers 21-Sexual partner/Spouse 27-Yes, but does not know who or 22-Children chooses not to identify person In Your Life Past 30 days F27. Emotionally (make you feel bad through harsh words)? F28. Physically (cause you physical harm)? F29. Sexually (force sexual advances or sexual acts)? How many days in the past 30 prior to incarceration have you had serious conflicts: F30. With your family? F31. With other people (excluding family)? 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? F33. Social problems? How important to you now is treatment or counseling for these: F34. Family problems? F35. Social problems?

<u>PS</u>	YCHIATRIC STATUS	P19. Having suicidal thoughts?	
P1.	How many times have you been treated for any psychological or emotional problems:	INTERVIEWER SEVERITY RATING	
	In a hospital or inpatient setting?	P20. How would you rate the inmate's need for psychiatric/psychological treatment (0-9)?	
	As an outpatient or private patient?	CONFIDENCE RATINGS	
P2.	Do you receive financial compensation for a psychiatric or	Is the Psychiatric Status information significantly distorted by:	
	emotional disability (include pension, SSI, SSDI, etc.) (Y/N)?	P21. Inmate's misrepresentation (Y/N)?	
	Have you had a significant period (that was not a direct result of drug or alcohol use) in which you have:	P22. Inmate's inability to understand (Y/N)?	
	Y-Yes N-No X-Not applicable Z-Not answered Past 30 Days Lifetime	Time Parisis	
P3.	Experienced serious depression - sadness, hopelessness, loss of interest, difficulty with	Time Begun: : :	
	daily functioning?	COMMENTS FOR PSYCHIATRIC AREA:	
P4.	Experienced serious anxiety/ tension - uptight, unreasonably worried, inability to feel relaxed?		
P5.	Experienced hallucinations - saw things or heard voices that others did not see or hear?		
P6.	Experienced trouble understanding, concentrating or remembering?		
P7.	Experienced trouble controlling violent behavior including episodes of rage or violence?		
P8.	Experienced serious thoughts of suicide?		
P9.	Attempted suicide?		
P10.	Been prescribed medication for any psychological/emotional problems?		
NOTE	E: 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 3-CONSIDERABLY		
	1-SLIGHTLY 4-EXTREMELY 2-MODERATELY		
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?		

INTERVIEWER'S ASSESSMENT	DSM-IV
	AXIS I:
	Description:
	AXIS II:
	Description:
	AXIS III:
	AXIS IV:
	
	AXIS V:
DIAGNOSTIC IMPRESSION	
SASSI-3:	
RAP?	
FVA? FVOD?	
SYM?	
OAT?	
SAT?	
DEF?	
SAM?	
FAM?	
COR2	

RECOMMENDATION FOR TREATMENT					
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)					