

Orion Healthcare Technology

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

ADOLESCENT ASI QUESTIONNAIRE

Client's Name:	First							INSTRUCTIONS
	Middle						-	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.
Social Security	#:		 -	_]	Space is provided after sections for additional comments.
Date of Birth:				′	/]	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
Gender (M/F):								(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 need
Client ID:								in a given area.

Orion Healthcare Technlogy 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.

ADOLESCENT ASI QUESTIONNAIRE

<u>GE</u>	<u>NERAL INFORMATIO</u>	<u>N</u>		M-Male	F-Female
G1.	Client ID:			COMMENTS FOR GENERAL AREA:_	
G2.	Social Security #:				
G3.	Provider #:		\Box		
G4.	Date of Admission:				
G5.	Date of Interview:				
G6.	Time Begun:				
00.	Time Bogan.	·			
G7.	Who referred you for an evaluation	on?			
	1-Attorney2-Probation/Parole Officer				
,	3-Presentence Investigator4-Self				
	5-Judge or Court 6-Parents				
	7-School 8-Other				
G8.	Referral source's name				
.	Address				
	Address				
	City, State, Zip				
	Phone #: ()				
G9.	By when do you need this assessr	nent?///			
G10.	Why are you receiving this asses	ssment (1-6)?			
	1-OWI or DWI 2-Court ordered	5-Self interest 6-Parents			
	3-Attorney recommended 4-Other criminal arrest	7-School 8-Other			
G11.	BAC:				
G12.					
	1-Judge	3-Presentence			
	2-Probation	4-Parole			
G13.	Specify other				
G14.	Class:				
	1-Intake	2-Follow-up			
G15.	Contact Code:				
	1-In person	3-Mail	Ш		
	2-Phone				
G16.	Interviewer's initials:				
G17.	Gender				

G18.	How did the interview end?		
	0-Normal interview 1-Client terminated	2-Client refused 3-Client unable to respond	 ADDITIONAL COMMENTS FOR GENERAL AREA:
G19.	Client's:		
	First name Middle n	 name Last name	
	r irst riame - iviidale n	diffe Last flame	
	Address		
	Address		
	Address		
	City	State Zip	
Phone	number:]- []	
G20.	How long have you lived at this	address?	
	Y	rears Months	
G21.	Is this address owned by you o	r your family (Y/N)?	
G22.	Date of birth:		
G23.	Of what race do you consider y	ourself?	
	1-White 2-Black 3-American Indian 4-Alaskan Native	6-Hispanic-Mexican 7-Hispanic-Puerto Rican 8-Hispanic-Cuban 9-Other Hispanic	
004	5-Asian or Pacific Islander		
G24.	What ethnic group do you cons	ider yourself part of?	
G25.	Religious preference:		
	1-Protestant 2-Catholic 3-Jewish	4-Islamic 5-Other 6-None	
	Specify other religion:		
G26.	Are you currently practicing this	religion (Y/N)?	
G27.	What was the religious preferer where you were raised?	nce in the household	
	1-Protestant	4-Islamic	
	2-Catholic 3-Jewish	5-Other 6-None	
000	Harris and beautiful and the second	and the de-	
G28.	Have you been in a controlled epast 30 days?	anvironment in the	
	1-No 2-Juvenile detention center 3-Alcohol or drug treatment		
	Specify Other:		
		Г	
	How many days?		

ME	DICAL STATUS	COMMENTS FOR MEDICAL AREA:
M1.	How many times in your life have you been hospitalized for medical problems? (<i>Include ODs, DTs, exclude detox</i>)	
M2.	How long ago was your last hospitalization for medical problems?	
	Years Months	
	What was it for?	
M3.	Do you have any chronic medical problems which continue to interfere with your life (Y/N)?	
	Specify:	
	Age at onset of chronic illness	
M4.	Are you taking any prescribed medication on a regular	
IVI-T.	basis for a physical problem (Y/N)?	
	What is it?	
	What is it for?	
	What is it for:	
M5.	Do you receive financial compensation (pension, disability, etc.) for a physical disability (Y/N)?	
	Specify:	
М		
M6.	How many days have you experienced medical problems in the past 30 days?	
	ASK THE CLIENT 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	
IVIO.	medical problems?	
	THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY	
	INTERVIEWER SEVERITY RATING	
M9.	How would you rate the patient'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)?	

<u>EM</u>	PLOYMENT/SUPPORT STATUS	Mate, family or friends:	
E1.	Education completed (GED = 12 years):	COMMENTS FOR EMPLOYMENT/SUPPORT AREA:	_
	Years Months		_
			_
E2.	Training or technical education completed Months		_
E3.	Do you have a profession, trade or skill (Y/N)?		_
	Specify:		_
E4	Do you have a valid driver's license (Y/N)?		
E5.	Do you have an automobile available (Y/N)?		_
	(Answer "no" if no valid driver's license)		_
E6.	How long was your longest full-time job?		_
20.	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 Employees6b. Small Farm Tenants7. Unskilled Employees		_
	Specify:		
E8.	Does 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.	At what age did you first start regular work?		_
E11.	How many days were you paid for working in the last 30?		_
	How much money did you receive from the following sources in the		_
_ · 	past 30 days?		
	Employment (net income):		_
	Unemployment compensation:		_
	Public assistance:		
	Pension, henefits or social security:		

	Parents, caretakers:						
	Illegal:				ASK THE CLIENT TO USI TWO QUESTIONS:	E THIS SCALE TO RATE THE N	IEXT
E13.	What was your current weekly income? \$				0-NOT AT ALL 1-SLIGHTLY 2-MODERATELY	CONSIDERABLY 4-EXTREMELY	
E14.	How many people depend on you for the majority o food, shelter, etc.?	f their		E29.	How troubled or bothered leducation problems in the	nave you been by these employr past 30 days?	nent/
E15.	How many days have you experienced employmen problems in the past 30?	t L		E30.	How important to you now	is counseling for these employm	ent/
E16.	Are you currently enrolled in a school system (Y/N)	?			education problems?	,	
E17.	Current or last school attended:					W ARE TO BE ANSWERED BY RVIEWER ONLY	THE
	Name:				INTERVIEWE	R SEVERITY RATING	
E18.	Has there been a change in your school performance		ш	E31.	How would you rate the pacounseling (0-9)?	tient's need for employment	
	Explain:						
					CONFID	ENCE RATINGS	
E19.	List the school activities that you are involved in:				Is the Employment/Support by:	t Status information significantly	distorted
				E32.	Patient's misrepresentation	n (Y/N)?	
E20.	Do you have difficulty reading (Y/N)?			E33.	Patient's inability to unders	stand (Y/N)?	
E21.	Do you have difficulty writing (Y/N)?			ADD	TIONAL COMMENTS FOR	EMPLOYMENT/SUPPORT ARI	ĒA:
E22.	What is your grade average in school?						
E.23.	Have you ever been placed in special education clar or in a resource room (Y/N)	isses					
	Explain:						
E24.	Have you failed any classes this year (Y/N)?						
E25.	Have you ever been suspended or expelled (Y/N)?						
	How many times have you been suspended?						
	How many times have you been expelled?						
E26.	Are you currently suspended or expelled (Y/N)?						
	Explain:						
E27.	How would you describe your attendance						
	during the last school year (1-3)?						
	1-Good 2-Average 3-Poor						
E28.	How many days did you miss in the last semester						

<u>DR</u>	UG/ALCOHOL USE	07-Other sed/hyp/tranq
D51.	What age did you first try alcohol or drugs?	COMMENTS FOR DRUG/ALCOHOL AREA:
	What was it?	
	Date of Age at # Days # Years in Rte of Last Use	
	1 st use Past 30 Lifetime Admin Month/Year	
D2.	Alcohol / / /	
	(any use at all)	
D3.	Alcohol //	
	(to intoxication)	
D4.	Heroin /	
D5.	Methadone // // // // // // // // // // // // //	
D6.	Other opiates/ analgesics	
D7.	Barbiturates // // // // // // // // // // // // //	
	other sedatives/	
h tı	ypnotics/ anquilizers	
D9.	Cocaine // //	
D10.	Amphetamines // //	
D11	Cannabis Cannabis	
טוו.	Carriabis	
D12.	Hallucinogens / / / /	
D13.	Inhalants	
D14.	More than 1 per day	
	(including alcohol) Route of Administration	
	1-Oral 4-Non-IV injection	
	2-Nasal 5-IV injection 3-Smoking	
D15.	Have you ever used a needle to administer any of these drugs (Y/N)?	
D16.	Are you an I.V. drug user (Y/N)?	
2.0.		
D17.	According to the interviewer, which substance(s) are the major problem (00-16)?	
	00-No problem 08-Cocaine	
	01-Alcohol 09-Amphetamines 02-Alcohol to intox. 10-Cannabis	
	03-Heroin 11-Hallucinogens 04-Methadone 12-Inhalants	
	05-Opiates/analgesics 15-Alcohol & one or more drugs 06-Barbiturates 16-More than one drug	

D18.	(Optional) According to the patient, which substance(s) are the major problem? (Use codes in question D17)		036. Drug problems?	
D19.	How long was your last period of voluntary abstinence from this major substance (substance identified in D18)? (00-never abstinent) Months		ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:	
D20.	How many months ago did this abstinence end? (00-never abstinent)		0-NOT AT ALL 3-CONSIDERABLY 1-SLIGHTLY 4-EXTREMELY 2-MODERATELY	
	How many times have you:		How troubled or bothered have you been in the past 30 days by these:	
D21.	Had alcohol DTs?		037. Alcohol problems?	\neg
D22.	Overdosed on drugs?		038. Drug problems?	⊣
	How many times have you been treated for:	0	How important to you now is treatment for these:	
D23.	Alcohol abuse?			
D24.	Drug abuse?		039. Alcohol problems?	\dashv
	How many of these were for detox only:		140. Drug problems?	
D25.	Alcohol?		THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY	
D26.	Drug?		INTERVIEWER SEVERITY RATING	
D27	How long ago were you last in treatment? Years	1	How would you rate the patient's need for treatment for (0-9):	
DZT.	Months Months]	041. Alcohol Problems?	
	World	l D	042. Drug Problems?	
D28.	Name of Center		CONFIDENCE RATINGS	
	Address		Is the Drug/Alcohol Status information significantly distorted by:	
	Type of treatment: 1-Inpatient 2-Outpatient	D	043. Patient's misrepresentation (Y/N)?	
		D	044. Patient's inability to understand (Y/N)?	
	How long did it last? Days		_	
	Did you complete it successfully (Y/N)?	Α	DDITIONAL COMMENTS FOR DRUG/ALCOHOL AREA:	
D29.	Have you been evaluated for alcohol or drugs before today (Y/N)?			
	Where:	-		
	When:	-		
	How much money would you say you spent during the past 30 days on:			
D30.	Alcohol? \$	-		
D31.	Drugs?	-		
D32.	Do you receive any financial compensation for a drug or alcohol disability (include SSI/SSDI) (Y/N)?	_		
D33.	How many days have you been treated as on outpatient for alcohol or drugs in the past 30 days (include AA & NA)?	-		
D34.	(Optional) How many days have you been treated as an	-		
	inpatient for alcohol or drugs in the past 30 days?	-		
	How many days in the past 30 days have you experienced:	-		
D35.	Alcohol problems?	-		

LEGAL STATUS L1. Was this admission prompted or suggested by the criminal justice COMMENTS FOR LEGAL AREA: system (judge, probation/parole officer, etc.) (Y/N)? 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? Under the influence at the time (Y/N)? L3. Shoplifting/vandalism/theft? Parole/probation violations? Drug charges? L6. Forgery? Weapons offense? L7. Burglary/larceny/B&E? L8. 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? L21. MIP (minor in possession)? L22. Have you ever been placed on juvenile probation (Y/N)? L23. How many times have you been in detention? L24. How many months did you spend in juvenile detention centers? L25. How many month(s) were you incarcerated in your life? L26. How long was your last incarceration? Months

				ADDITIONAL COMMENTS FOR LEGAL AREA:
L27.	What was it for?			
	03-Shoplifting/vandalism/theft 04-Parole/probation violation 05-Drug charges 06-Forgery	12-Rape/sex related crimes 13-Homicide/manslaughter 14-Prostitution 15-Contempt of court		
	07-Weapons offense 08-Burglary/larceny/B&E	16-Other 18-Disorderly conduct, vagrancy		
	09-Robbery 10-Assault 11-Arson	19-Driving while intoxicated 20-Major driving violations		
1 28		charges, trial or sentencing (Y/N	4)3 L	
			. Ш	
129.	How old were you when you			
	(00 if never arrested)			
L30.	What was your first arrest fo	r?		
	(Use codes 03-16, 18-20; 00			
	03-Shoplifting/vandalism/theft	12-Rape/sex related crimes		
	04-Parole/probation violation 05-Drug charges	13-Homicide/manslaughter 14-Prostitution		
	06-Forgery 07-Weapons offense	15-Contempt of court 16-Other		
	08-Burglary/larceny/B&E 09-Robbery	18-Disorderly conduct, vagrancy 19-Driving while intoxicated		
	10-Assault 11-Arson	20-Major driving violations		
L31.	How many days in the past 3	30 were you detained		
	or incarcerated??			
L32.	How many days in the past 3	30 have you engaged in		
	illegal activities for profit?			
	ACK THE OUTENT TO HEE	THIS SCALE TO RATE THE N	IEVE	
	TWO QUESTIONS:	THIS SCALE TO RATE THE N	IEX I	
	0-NOT AT ALL	3-CONSIDERABLY		
	1-SLIGHTLY 2-MODERATELY	4-EXTREMELY		
L33.		r present legal problems are?		
	(exclude civil problems)			
L34.	How important to you now is	counseling or referral for		
	these legal problems?			
		ARE BE ANSWERED BY THE EWER ONLY	:	
	INTERVIEWER	SEVERITY RATING		
L35.	How would you rate the patie	ent's need for legal services or		
	counseling (0-9)?			
	CONFIDE	NCE RATINGS		
	Is the Legal Status information	on significantly distorted by:		
L36.	Patient's misrepresentation	(Y/N)?		
L37.	Patient's inability to understa	and (Y/N)?		

FAMILY HISTORY

A-Alcoholism

Mother's Side Grandmother

Grandfather

Aunt/Uncle

Aunt/Uncle

Aunt/Uncle

Mother

H1.

H2.

H3.

H4. H5.

H6.

D-Illegal drug dependence

T-Cigarette smoker

S-Sexual addiction

G-Compulsive gambler

P-Prescription drug dependence

Which of these dependencies or other personal problems have been	ı
exhibited by members of your family? (Use the letters listed below)	

Which of these dependencies or other personal problems have been

exhibited by members of your family? (Use the letters listed below)

C-Suicide

W-Workaholic

M-Mental illness

E-Eating disorder/compulsive overeater

V-Violence or frequent rages

	A-Alcoholism E-Eating disorder/compulsive overeater D-Illegal drug dependence C-Suicide P-Prescription drug dependence T-Cigarette smoker V-Violence or frequent rages G-Compulsive gambler M-Mental illness S-Sexual addiction									A-Alcoh D-Illega P-Presc T-Cigar G-Com _t S-Sexua			
	<u>Father's Side</u>											,	Additional
H7.	Grandmother											H25	. Specify: _
H8.	Grandfather											H26	. Specify: _
H9.	Father												. Specify:
H10.	Aunt/Uncle												. Specify: _
H11.	Aunt/Uncle											11	. Specify: _
H12.	Aunt/Uncle											11	. Specify:
	Which of these dependencies or other personal problems have been exhibited by members of your family? (Use the letters listed below) A-Alcoholism D-Illegal drug dependence P-Prescription drug dependence T-Cigarette smoker G-Compulsive gambler S-Sexual addiction E-Eating disorder/compulsive overeater C-Suicide W-Workaholic V-Violence or frequent rages M-Mental illness										H54	How many . Brothers: . Sisters: MMENTS FO	
	<u>Your Family</u>						ı —		l		1	,	
H13.	Former Spouse/ Partner]	
H14.	Spouse or Partner]	
H15.	Yourself]	
H16.	Brother/Sister											j	
H17.	Brother/Sister											[
H18.	Brother/Sister											ĺΙ	
												1	

Which of these dependencies or other personal problems have been exhibited by members of your family? (Use the letters listed below)

A-Alcoholism E-Eating disorder/compulsive overeater D-Illegal drug dependence C-Suicide

P-Prescription drug dependence W-Workaholic T-Cigarette smoker

G-Compulsive gambler

S-Sexual addiction

V-Violence or frequent rages

M-Mental illness

Your Childrei	n
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H19. Child #1						
H20. Child #2						
H21. Child #3						
H22. Child #4						
H23. Child #5						
124. Child #6						

Which of these dependencies or other personal problems have been exhibited by members of your family? (Use the letters listed below)

A-Alcoholism

D-Illegal drug dependence

P-Prescription drug dependence

T-Cigarette smoker

G-Compulsive gambler S-Sexual addiction

E-Eating disorder/compulsive overeater

C-Suicide W-Workaholic

V-Violence or frequent rages

M-Mental illness

Additional Family Members

26. Specify:			
27. Specify:			
28. Specify:			
29. Specify:			
30. Specify:			
How many siblings do you have?	-1		
53. Brothers:			
54. Sisters:			
OMMENTS FOR FAMILY HISTORY AREA:_		 	

<u>FA</u>	MILY/SOCIAL RELATIONSHIPS		2-Friends 3-Alone
F1.	What Is your current living environment?: 1-Both parents 2-Single parent 5-Private care facility 6-Public care facility		F10. Are you satisfied spending your free time this way? 0-No 1-Indifferent
	3-Other relative 7-Independent living 4-Foster home 8-Parent/Step-parent 9-Other		2-Yes F11. Have you ever been a member of a gang (Y/N)?
	Specify:		Are you currently a member (Y/N)?
F2.	Has this living arrangement changed in the past year (Y/N)?		F12. How many days in the past 30 did you participate in sports?
F3.	Are you satisfied with your current situation at home?		F13. How many days in the past 30 did you exercise?
	0-No 1-Indifferent 2-Yes		F14. Do you have a member of the family with an alcohol/drug problem (Y/N)?
F4.	Have you ever run away from home (Y/N)?		Do you worry about their use (Y/N)?
F5.	Have you ever lived in any of the following situations?		Do you feel like you are the reason for their use (Y/N)?
	Y-Yes N-No X-Not applicable Z-Not answered		Do you hate them when they are using (Y/N)?
	Two-parent household		Do you feel guilty for hating them (Y/N)?
	Single-parent household		Do you feel respected when they use (Y/N)?
	3. Extended family		Do you talk to people about their use in the house (Y/N)?
	4. Other family, not parents		Do you feel embarrassed by their use (Y/N)?
	5. Guardians, not related	Ħ	Do you like their drug using friends (Y/N)?
	Residential schools	П	Have you ever heard your parent(s) promise to quit (Y/N)?
	7. Foster parents	Ħ	Have you lied to others about their use (Y/N)?
	8. Orphanage	Ħ	Have you talked to them about trying to quit their use (Y/N)?
	Medical/Psychiatric institutions	H	Do you sometimes avoid being home when they use (Y/N)?
	10. Correctional facility	H	Do you secretly wish you could make them stop using (Y/N)?
	11. Unsupervised minor		Do you care if they use (Y/N)?
	Please explain circumstances (when, where and why):		F15. How many close friends do you have?
			F16. How many of these friends use alcohol or drugs?
			F17. Who do you feel is important to be involved in your counseling?
F6.	Have you ever experienced stressful situations at home, such as family members:		
	1-Hospitalized with a serious illness (physical or mental) 2-Died		
	3-Severely handicapped 4-Incarcerated (jail)		F18. (Optional) Sexual preference:
	5-None 6-Other		1-Males 4-None 2-Females 5-Other 3-Both
	Specify:		F19. (Optional) How long have you had this preference? Years
F7.	Do you live with anyone who: Has a current alcohol problem (Y/N)?		Months
F7.	Uses non-prescribed drugs (Y/N)?		F20. (Optional) Are you satisfied with this sexual preference (1-3)?
			1-No 2-Indifferent
F9.	With whom do you spend most of your free time? 1-Family		2-indifferent 3-Yes

F21.	Do you currently have a boyfriend or girlfriend (Y	/N)?	*Charles valor valotiva
	How long have you been in this relationship?	Years	*Specify other relative: COMMENTS FOR FAMILY/SOCIAL RELATIONSHIPS AREA:
		Months	
F22.	Have you ever had sex with another person (Y/N)?	
	In the past year, how many partners have you ha	ad?	
	Do you practice any methods that will protect you sexually transmitted disease, or getting someone pregnant or yourself pregnant (Y/N)?	ı from	
	Have you ever contracted a sexually transmitted become pregnant or gotten someone pregnant (
	Describe your past consequences:		
F23	Would you say you have had close, reciprocal re	lationships with any	
1 20.	of the following people in your life?	iationships with any	
	Y-Yes N-No X-Not applicable Z-No	t answered	
	Mother		
	Father		
	Brothers/Sisters		
	Sexual Partner/Spouse		
	Children		
	Friends		
F24.	Have you had significant periods in which you has serious problems getting along with:	ve experienced	
	Y-Yes N-No X-Not applicable Z-No	t answered	
		Has Alcohol	
	Past 30 In Yo <u>Days</u> Life		
	<u>Days</u> <u>Life</u>	. Relationship	
	Mother		
	Father		
	Brothers/Sisters		
	Sexual Partner/Spouse	j E	
	Children	i H	
	*Other family member	j	
	Close friends	╡	
	Neighbors	╡	
	Co-workers	╡	
	Employer	 	
	Teachers	╡╶┝╡	
	1 GGGHOTO	1 1	

	Did any of these people abuse you:	
	00-None 24-Close friends 18-Mother 25-Neighbors 19-Father 26-Co-Workers 20-Brother/Sister 27-Teachers 21-Sexual partner 28-Clergy 22-Children 29-Yes, but does not know who or chooses not to identify person	COMMENTS FOR FAMILY/SOCIAL RELATIONSHIPS AREA:
F25.	Emotionally (make you feel bad through harsh words)? Past 30 days In Your Life	
F26.	Physically (cause you physical harm)?	
F27.	Sexually (force sexual advances or sexual acts)?	
F28.	How many days in the past have you had serious conflicts:	
	With your family?	
	With other people (excluding family)?	
	ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:	
	0-NOT AT ALL 3-CONSIDERABLY	
	1-SLIGHTLY 4-EXTREMELY 2-MODERATELY	
F29.	How troubled or bothered have you been in the past 30 days by these:	
	Family problems?	
	Social problems?	
F30.	How important to you now is treatment or counseling for these:	
	Family problems?	
	Social problems?	
	Social problems:	
	THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY	
	INTERVIEWER SEVERITY RATING	
F31.	How would you rate the patient's need for family and/or social	
	counseling (0-9)?	
	CONFIDENCE RATINGS	
	Is the Family/Social Relationships information significantly distorted by:	
F32.		
⊢ 33.	Patient's inability to understand (Y/N)?	

<u>PS'</u>	CHIATRIC STATUS		
P1.	How many times have you been treated for any psychological or emotional problems:	P18	. Having trouble comprehending, concentrating. remembering?
	In a hospital or inpatient setting?	P19	. Having suicidal thoughts?
	As an outpatient or private patient?		INTERWENCE OF VERITY PATING
P1a.	Age when first treated for psychiatric or emotional problems:] _{P20}	INTERVIEWER SEVERITY RATING . How would you rate the patient's need for psychiatric/psychological treatment (0-9)?
P2.	Do you receive financial compensation for a psychiatric or emotional disability (include pension, SSI, SSDI, etc.) (Y/N)?		CONFIDENCE RATINGS
	Have you had a significant period (that was not a direct result of drug or alcohol use) in which you have:		Is the Psychiatric Status information significantly distorted by:
	Y-Yes N-No X-Not applicable Z-Not answered Past 30 Days Lifetime	P21	. Patient's misrepresentation (Y/N)?
P3.	Experienced serious depression - sadness, hopelessness, loss of interest, difficulty with daily functioning?	P22	. Patient's inability to understand (Y/N)?
P4.	Experienced serious anxiety/ tension - uptight, unreasonably worried, inability to feel relaxed?	CON	MMENTS FOR PSYCHIATRIC AREA:
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	: 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 CLIENT 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 patient (Y/N)?		
P14.	Obviously depressed/withdrawn?		
P15.	Obviously hostile?		
P16.	Obviously anxious/nervous?		
P17.	Having trouble with reality testing, thought disorders, paranoid thinking?	-	

<u>SP</u>	IRITUALITY	4-6 PM
S1.	Do you have a belief in a "God" or a "Higher Power" (Y/N)?	COMMENTS FOR SPIRITUALITY AREA:
S2.	Concerning your spiritual life, what changes would you like help making (Y/N)?	
	Learning more about prayer?	
	Learning more about meditation?	
	Education about a particular religion?	
	Specify:	
	Changing attitude toward God?	
S3.	Are you comfortable with your spirituality and beliefs (Y/N)?	
<u>JC</u>	AHO SUPPLEMENT	
	In the space below, indicate how you spent your time prior to entering treatment with us. Answer "yes" to those time periods when you usually drank or got high (50% of the time or more). A Typical Work Day	COMMENTS FOR JCAHO SUPPLEMENT
	Y-Yes N-No X-Not applicable Z-Not answered	
	6-8 AM	
	8-10 AM	
	10 AM-12 PM	
	12-2 PM	
	2-4 PM	
	4-6 PM	
	6-8 PM	
	8-10 PM	
	10 PM-12 AM	
	12-2 AM	
	2-4 AM	
	4-6 AM	
	Document regular events such as waking, meals and sleeping. Note if there is no fixed schedule.	
	In the space below, indicate how you spent your time prior to entering treatment with us. Answer "yes" to those time periods when you usually drank or got high (50% of the time or more).	
	A Typical Day Off	
	A Typical Day on	
	Y-Yes N-No X-Not applicable Z-Not answered	
	6-8 AM	
	8-10 AM	
	10 AM-12 PM	
	12-2 PM	
	2-4 PM	

6-8 PM	\bigcap	After working hard		
8-10 PM				
10 PM-12 AM		Peers invite me to drink/use		
12-2 AM		Away from school or teache	ers	
2-4 AM		Hassle with a friend or peer	•	
4-6 AM	Line week and despite Nets if	Relapse Triggers Inventor to drink or use drugs? (chec Family Situations	ry: What types of situations make ck box)	e you wan
Document regular events such as wal there is no fixed schedule.	ung, meais and sieeping. Note ii	After I have a problem with	a family member	
Free Time: Read through the entire list five things that you like to do.	st of activities and select at least	I drink/use with certain fami		
Swim	Religious activities	Just thinking about my fami	ly upsets me	
Listen to music Yoga	Go out to dinner Community work	When someone in my hous	e drinks/uses	
Crafts Bird watch	Artwork Cook	Family events include drink	ing/drug use	Ħ
Go sailing Knit	Photography Golf	Social Situations		
Needlepoint Carpentry/furniture making	Play tennis Meditate	Being at parties where peop	ple are drinking/using	
Return to school Exercise	Horseback riding Read	Weekend/end of work week	(П
Hike in the woods	Chess	Free time		H
Play with my kids Target shooting	Pinball Racquetball	Special occasions (wedding	us. etc.)	
Travel (foreign) Martial arts (karate, etc)	Go camping Travel	Dancing	,-, ,	
Volunteer work Go to a museum	Singing/Choir Computers	Someone I date drinks/uses	s drugs	
Go to the movies Go fishing	Making clothes Other	I used to go to bars to socia	-	
Go to theater productions Learn magic tricks	Help at school w/kids Play a musical instrument	-		\mathbb{H}
Play basketball Go to arcades	Aerobics Dance	I play sports with people wh		
	Archery	Almost all my friends drink	_	
Values: From the list below, select the important to you.	e five items that are most	Being in any group situation	is upsetting	
Personal freedom	God	Any kind of gambling		
Being sober	Cars	I get uptight whenever I go	out of my house	
Sex life Intelligence	Looking good Being right	Being alone bothers me		
Wisdom Peace of mind	Approval from others Family	Moods, Mental and Ph	ysical State	
Happiness Spouse	Mother Father	Lonely	Bored	
Being a parent Wealth	Being content Being safe	Cannot sleep	Angry	
Health	Being loving Being loved	Guilt	Hunger	
Relapse Triggers Inventory: What ty to drink or use drugs? (Check box)	/pes of situations make you want	Uptight	Envious or jealous	
Work Situations		Worried	Self-pity	
		Depressed	Fear	
Around people who drink/use		Sexually turned on	Feeling powerful	Щ
After taking a test		Having a success	Good news	
Workers invite me to drink/use		Winning	Loss of loved one	
I just got paid; I've got money		Tired	Drug/drinking dreams	
I'm away from my supervisor		_		
Hassle with a boss or coworker				
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Relapse Triggers Inventory: What types of want to drink or use drugs? (check one)	situations make you	
People, Places and Things		ADDITIONAL COMMENTS FOR JCAHO SUPPLEMENT:
People I've gotten high with in the past		
Seeing things that look like drugs		
News reports about drugs		
Watching certain TV programs		
Playing musical instruments	H	
Eating at restaurants		
Rock concerts		
Seeing drug-related things	H	
Seeing people drinking or using drugs	H	
Seeing a place where I used to drink/use		
Being in my car	H	
Driving through certain neighborhoods		
Seeing a drug deal take place		
Seeing or hearing a beer/alcohol ad		
Listening to certain music		
Going to casinos		
Relapse Triggers Inventory: What types of swant to drink or use drugs? (check box)	situations make you	
Romantic/Sexual Settings		
Trying to find a lover/romantic partner		
Thinking about sex/sexual fantasy		
Any kind of sexual activity		
Having certain kinds of sex		
Having sex with a prostitute	Ħ	
Being in a new relationship	Ħ	
Being rejected		
Asking for a date		
Time End:		

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

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)						