

ADOLESCENT ASI QUESTIONNAIRE

GENERAL INFORMATION

M-Male

F-Female

G1. Client ID:

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G2. Social Security #:

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

G3. Provider #:

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G4. Date of Admission:

		/			/		
--	--	---	--	--	---	--	--

G5. Date of Interview:

		/			/		
--	--	---	--	--	---	--	--

G6. Time Begun:

		:		
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G7. Who referred you for an evaluation?

- 1-Attorney
- 2-Probation/Parole Officer
- 3-Presentence Investigator
- 4-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 assessment?

		/			/		
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G10. Why are you receiving this assessment (1-6)?

- | | |
|-------------------------|-----------------|
| 1-OWI or DWI | 5-Self interest |
| 2-Court ordered | 6-Parents |
| 3-Attorney recommended | 7-School |
| 4-Other criminal arrest | 8-Other |

G11. BAC:

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G12. By whom was it ordered (1-4)?

- | | |
|-------------|---------------|
| 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 |
| 2-Phone | |

G16. Interviewer's initials:

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G17. Gender

COMMENTS FOR GENERAL AREA: _____

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 name Last name

Address

Address

City State Zip

Phone number: - -

G20. How long have you lived at this address?

Years Months

G21. Is this address owned by you or your family (Y/N)?

G22. Date of birth: / /

G23. Of what race do you consider yourself?

- 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

G24. What ethnic group do you consider 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 preference in the household where you were raised?

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

G28. Have you been in a controlled environment in the past 30 days?

- 1-No
- 2-Juvenile detention center
- 3-Alcohol or drug treatment
- 4-Medical treatment
- 5-Psychiatric treatment
- 6-Other

Specify Other: _____

. How many days?

EMPLOYMENT/SUPPORT STATUS

Mate, family or friends:
 COMMENTS FOR EMPLOYMENT/SUPPORT AREA: _____

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. 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?
 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. 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)
- 2-Part-time (reg. hrs.)
- 3-Part-time (irreg., daywork)
- 4-Student
- 5-Service
- 6-Retired/Disability
- 7-Unemployed
- 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?

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

Employment (net income):

Unemployment compensation:

Public assistance:

Pension, benefits or social security:

DRUG/ALCOHOL USE

07-Other sed/hyp/tranq

D51. What age did you first try alcohol or drugs?

What was it? _____

COMMENTS FOR DRUG/ALCOHOL AREA: _____

	Age at 1 st use	# Days Past 30	# Years in Lifetime	Rte of Admin	Date of Last Use Month/Year	
D2. Alcohol	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

(any use at all)

D3. Alcohol	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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(to intoxication)

D4. Heroin	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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D5. Methadone	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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D6. Other opiates/ analgesics	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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D7. Barbiturates	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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D8. Other sedatives/ hypnotics/ tranquilizers	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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D9. Cocaine	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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D10. Amphetamines	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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D11. Cannabis	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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D12. Hallucinogens	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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D13. Inhalants	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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D14. More than 1 per day (including alcohol)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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Route of Administration

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

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)?

D17. According to the interviewer, which substance(s) are the major problem (00-16)?

- 00-No problem
- 01-Alcohol
- 02-Alcohol to intox.
- 03-Heroin
- 04-Methadone
- 05-Opiates/analgesics
- 06-Barbiturates
- 08-Cocaine
- 09-Amphetamines
- 10-Cannabis
- 11-Hallucinogens
- 12-Inhalants
- 15-Alcohol & one or more drugs
- 16-More than one drug

FAMILY/SOCIAL RELATIONSHIPS

F1. What is your current living environment? :

- | | |
|------------------|-------------------------|
| 1-Both parents | 5-Private care facility |
| 2-Single parent | 6-Public care facility |
| 3-Other relative | 7-Independent living |
| 4-Foster home | 8-Parent/Step-parent |
| | 9-Other |

Specify: _____

F2. Has this living arrangement changed in the past year (Y/N)?

F3. Are you satisfied with your current situation at home?

- 0-No
1-Indifferent
2-Yes

F4. Have you ever run away from home (Y/N)?

F5. Have you ever lived in any of the following situations?

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

- | | |
|-------------------------------------|--------------------------|
| 1. Two-parent household | <input type="checkbox"/> |
| 2. Single-parent household | <input type="checkbox"/> |
| 3. Extended family | <input type="checkbox"/> |
| 4. Other family, not parents | <input type="checkbox"/> |
| 5. Guardians, not related | <input type="checkbox"/> |
| 6. Residential schools | <input type="checkbox"/> |
| 7. Foster parents | <input type="checkbox"/> |
| 8. Orphanage | <input type="checkbox"/> |
| 9. Medical/Psychiatric institutions | <input type="checkbox"/> |
| 10. Correctional facility | <input type="checkbox"/> |
| 11. Unsupervised minor | <input type="checkbox"/> |

Please explain circumstances (when, where and why):

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)
5-None
6-Other

Specify: _____

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. Have you ever been a member of a gang (Y/N)?

Are you currently a member (Y/N)?

F12. How many days in the past 30 did you participate in sports?

F13. How many days in the past 30 did you exercise?

F14. Do you have a member of the family with an alcohol/drug problem (Y/N)?

Do you worry about their use (Y/N)?

Do you feel like you are the reason for their use (Y/N)?

Do you hate them when they are using (Y/N)?

Do you feel guilty for hating them (Y/N)?

Do you feel respected when they use (Y/N)?

Do you talk to people about their use in the house (Y/N)?

Do you feel embarrassed by their use (Y/N)?

Do you like their drug using friends (Y/N)?

Have you ever heard your parent(s) promise to quit (Y/N)?

Have you lied to others about their use (Y/N)?

Have you talked to them about trying to quit their use (Y/N)?

Do you sometimes avoid being home when they use (Y/N)?

Do you secretly wish you could make them stop using (Y/N)?

Do you care if they use (Y/N)?

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?

F18. (Optional) Sexual preference:

- | | |
|-----------|---------|
| 1-Males | 4-None |
| 2-Females | 5-Other |
| 3-Both | |

F19. (Optional) How long have you had this preference? Years

Months

F20. (Optional) Are you satisfied with this sexual preference (1-3)?

- 1-No
2-Indifferent
3-Yes

SPIRITUALITY

- S1. Do you have a belief in a "God" or a "Higher Power" (Y/N)?
- 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)?

4-6 PM _____

COMMENTS FOR SPIRITUALITY AREA: _____

JCAHO 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

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

6-8 AM	_____	<input type="checkbox"/>
8-10 AM	_____	<input type="checkbox"/>
10 AM-12 PM	_____	<input type="checkbox"/>
12-2 PM	_____	<input type="checkbox"/>
2-4 PM	_____	<input type="checkbox"/>
4-6 PM	_____	<input type="checkbox"/>
6-8 PM	_____	<input type="checkbox"/>
8-10 PM	_____	<input type="checkbox"/>
10 PM-12 AM	_____	<input type="checkbox"/>
12-2 AM	_____	<input type="checkbox"/>
2-4 AM	_____	<input type="checkbox"/>
4-6 AM	_____	<input type="checkbox"/>

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

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

6-8 AM	_____	<input type="checkbox"/>
8-10 AM	_____	<input type="checkbox"/>
10 AM-12 PM	_____	<input type="checkbox"/>
12-2 PM	_____	<input type="checkbox"/>
2-4 PM	_____	<input type="checkbox"/>

COMMENTS FOR JCAHO SUPPLEMENT

6-8 PM	_____	<input type="checkbox"/>
8-10 PM	_____	<input type="checkbox"/>
10 PM-12 AM	_____	<input type="checkbox"/>
12-2 AM	_____	<input type="checkbox"/>
2-4 AM	_____	<input type="checkbox"/>
4-6 AM	_____	<input type="checkbox"/>

Document regular events such as waking, meals and sleeping. Note if there is no fixed schedule.

Free Time: Read through the entire list of activities and select at least five things that you like to do.

- | | |
|----------------------------|---------------------------|
| Swim | Religious activities |
| Listen to music | Go out to dinner |
| Yoga | Community work |
| Crafts | Artwork |
| Bird watch | Cook |
| Go sailing | Photography |
| Knit | Golf |
| Needlepoint | Play tennis |
| Carpentry/furniture making | Meditate |
| Return to school | Horseback riding |
| Exercise | Read |
| Hike in the woods | Chess |
| Play with my kids | Pinball |
| Target shooting | Racquetball |
| Travel (foreign) | Go camping |
| Martial arts (karate, etc) | Travel |
| Volunteer work | Singing/Choir |
| Go to a museum | Computers |
| Go to the movies | Making clothes |
| Go fishing | Other |
| Go to theater productions | Help at school w/kids |
| Learn magic tricks | Play a musical instrument |
| Play basketball | Aerobics |
| Go to arcades | Dance |
| | Archery |

Values: From the list below, select the five items that are most important to you.

- | | |
|------------------|----------------------|
| Personal freedom | God |
| Being sober | Cars |
| Sex life | Looking good |
| Intelligence | Being right |
| Wisdom | Approval from others |
| Peace of mind | Family |
| Happiness | Mother |
| Spouse | Father |
| Being a parent | Being content |
| Wealth | Being safe |
| Health | Being loving |
| | Being loved |

Relapse Triggers Inventory: What types of situations make you want to drink or use drugs? (Check box)

Work Situations

Around people who drink/use	<input type="checkbox"/>
After taking a test	<input type="checkbox"/>
Workers invite me to drink/use	<input type="checkbox"/>
I just got paid; I've got money	<input type="checkbox"/>
I'm away from my supervisor	<input type="checkbox"/>
Hassle with a boss or coworker	<input type="checkbox"/>

After working hard	<input type="checkbox"/>
Peers invite me to drink/use	<input type="checkbox"/>
Away from school or teachers	<input type="checkbox"/>
Hassle with a friend or peer	<input type="checkbox"/>

Relapse Triggers Inventory: What types of situations make you want to drink or use drugs? (check box)

Family Situations

After I have a problem with a family member	<input type="checkbox"/>
I drink/use with certain family members	<input type="checkbox"/>
Just thinking about my family upsets me	<input type="checkbox"/>
When someone in my house drinks/uses	<input type="checkbox"/>
Family events include drinking/drug use	<input type="checkbox"/>

Social Situations

Being at parties where people are drinking/using	<input type="checkbox"/>
Weekend/end of work week	<input type="checkbox"/>
Free time	<input type="checkbox"/>
Special occasions (weddings, etc.)	<input type="checkbox"/>
Dancing	<input type="checkbox"/>
Someone I date drinks/uses drugs	<input type="checkbox"/>
I used to go to bars to socialize	<input type="checkbox"/>
I play sports with people who drink/use	<input type="checkbox"/>
Almost all my friends drink or use drugs	<input type="checkbox"/>
Being in any group situation is upsetting	<input type="checkbox"/>
Any kind of gambling	<input type="checkbox"/>
I get uptight whenever I go out of my house	<input type="checkbox"/>
Being alone bothers me	<input type="checkbox"/>

Moods, Mental and Physical State

Lonely	<input type="checkbox"/>	Bored	<input type="checkbox"/>
Cannot sleep	<input type="checkbox"/>	Angry	<input type="checkbox"/>
Guilt	<input type="checkbox"/>	Hunger	<input type="checkbox"/>
Uptight	<input type="checkbox"/>	Envious or jealous	<input type="checkbox"/>
Worried	<input type="checkbox"/>	Self-pity	<input type="checkbox"/>
Depressed	<input type="checkbox"/>	Fear	<input type="checkbox"/>
Sexually turned on	<input type="checkbox"/>	Feeling powerful	<input type="checkbox"/>
Having a success	<input type="checkbox"/>	Good news	<input type="checkbox"/>
Winning	<input type="checkbox"/>	Loss of loved one	<input type="checkbox"/>
Tired	<input type="checkbox"/>	Drug/drinking dreams	<input type="checkbox"/>

