1016 Leavenworth Street
Omaha, NE 68154
800-324-7966
www.myAccuCare.com

ADULT 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.

ADULT ASI QUESTIONNAIRE

GENERAL INFORMATION

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

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

G3. Provider #: [ ][ ][ ][ ][ ][ ][ ][ ]

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

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

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

G51. Who referred you for an evaluation? [ ]

1-Attorney
2-Probation/Parole Officer
3-Presentence Investigator
4-Self
5-Judge or Court
6-Other

G52. Referral source's name _____

Address _____

Address _____

City, State, Zip _____

Phone #: (_____) _____ - _____

G53. By when do you need this assessment? [ ][ ] / [ ][ ] / [ ][ ]

G54. Why are you receiving this assessment (1-6)? [ ]

1-OWI or DWI
2-Court ordered
3-Attorney recommended
4-Other criminal arrest
5-Self interest
6-Other

G55. BAC: [ ][ ][ ]

G56. By whom was it ordered (1-4)? [ ]

1-Judge
2-Probation
3-Presentence
4-Parole

Specify other _____

G8. Class: [ ]

1-Intake
2-Follow-up

G9. Contact Code: [ ]

1-In person
2-Phone
3-Mail

G57. Interviewer's initials: [ ][ ][ ]

G10. Gender [ ]

M-Male
F-Female

G12. Special: [ ]

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

Client's:

_____ _____ _____
First name Middle name Last name

_____
Address

_____
Address

_____ _____ _____
City State Zip

Phone number: [ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ][ ]

G14. How long have you lived at this address?

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
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

G18. Religious preference: [ ]

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

G58: Specify other religion: _____

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

1-No
2-Jail
3-Alcohol or drug treatment
4-Medical treatment
5-Psychiatric 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)* [ ][ ]

M2. How long ago was your last hospitalization for medical problems?

Years [ ][ ] Months [ ][ ]

M51. 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)? [ ]

M52. What is it? _____

M53. 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 CLIENT 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

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)? [ ]

COMMENTS FOR MEDICAL AREA:_____

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. 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 Businesses (<$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: _____

E9. Does this constitute the majority of your support (Y/N)? [ ]

E10. 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

E11. How many days were you paid for working in the past 30? [ ][ ]

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: [ ][ ][ ][ ]

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

E51. What was our 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? [ ][ ]

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	

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

INTERVIEWER SEVERITY RATING

E22. How would you rate the patient's need for employment counseling (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: _____

_____

_____

_____

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_____

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_____

_____

DRUG/ALCOHOL USE

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

D52. What was it? _____

		# Days Past 30	Lifetime	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

D53. Have you ever used a needle to administer any of these drugs (Y/N)? ☐

D54. Are you an I.V. drug user (Y/N)? ☐

D14. According to the interviewer, which substance(s) are the major problem? ☐☐

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

D15. How long was your last period of voluntary abstinence from this major substance (substance identified in D-17)?
(00-never abstinent) Months ☐☐

D16. How many months ago did this abstinence end? ☐☐
(00-never abstinent)

COMMENTS FOR DRUG/ALCOHOL AREA: _____

How many times have you:

D17. Had alcohol DTs? [ ][ ]

D18. Overdosed on drugs? [ ][ ]

How many times have you been treated for:

D19. Alcohol abuse? [ ][ ]

D20. Drug abuse? [ ][ ]

How many of these were for detox only:

D21. Alcohol? [ ][ ]

D22. Drug? [ ][ ]

D55. How long ago were you last in treatment? Years [ ][ ]

Months [ ][ ]

D56. Name of Center _____

D57. Address _____

D58. Type of treatment: [ ]
1-Inpatient 2-Outpatient

D59. How long did it last? Days [ ][ ]

D60. Did you complete it successfully (Y/N)? [ ]

D61. Have you been evaluated for alcohol or drugs before today (Y/N)? [ ]

D62. Where: _____

When: [ ][ ] / [ ][ ] / [ ][ ]

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 in an outpatient setting for alcohol or drugs in the past 30 days (include AA & NA)? [ ][ ]

How many days have you experienced:

D26. Alcohol problems? [ ][ ]

D27. Drug problems? [ ][ ]

ASK THE CLIENT 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

INTERVIEWER SEVERITY RATING

How would you rate the patient's need for treatment for (0-9):

D32. Alcohol Problems? [ ]

D33. Drug Problems? [ ]

CONFIDENCE RATINGS

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?

			Under the influence at the time?
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/sex-related crimes?	[ ][ ]	[ ]
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? [ ][ ]

L51. MIP (minor in possession)? [ ][ ]

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

L22. How long was your last incarceration? Months [ ][ ]

L23. What was it for? [ ][ ]

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

COMMENTS FOR LEGAL AREA: _____

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

L25. For what? _____

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 CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

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

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 BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

L30. How would you rate the patient's need for legal services or Counseling (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 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

	Mother's Side	Alcohol	Drug	Psych.
H1.	Grandmother	☐	☐	☐
H2.	Grandfather	☐	☐	☐
H3.	Mother	☐	☐	☐
H4.	Aunt	☐	☐	☐
H5.	Uncle	☐	☐	☐

	Father's Side	Alcohol	Drug	Psych.
H6.	Grandmother	☐	☐	☐
H7.	Grandfather	☐	☐	☐
H8.	Father	☐	☐	☐
H9.	Aunt	☐	☐	☐
H10.	Uncle	☐	☐	☐

How many siblings do you have?

H53. Brothers: ☐☐

H54. 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

	Siblings	Alcohol	Drug	Psych.
H11.	Brother #1	☐	☐	☐
H51.	Brother #2	☐	☐	☐
H12.	Sister #1	☐	☐	☐
H52.	Sister #2	☐	☐	☐

COMMENTS FOR FAMILY HISTORY AREA: _____

FAMILY/SOCIAL RELATIONSHIPS

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? Years ☐☐

(If never married, then since age 18) 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 ☐

COMMENTS FOR FAMILY/SOCIAL RELATIONSHIPS AREA: _____

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			
F19.	Father			
F20.	Brothers/Sisters			
F21.	Sexual partner/Spouse			
F22.	Children			
F23.	*Other significant family			
F24.	Close friends			
F25.	Neighbors			
F26.	Co-workers			

F23. *Specify other relative: _____

Did any of these people abuse you:

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

	Past 30 days	In Your Life
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 have you had serious conflicts:

F30. With your family?

F31. With other people (excluding family)?

ASK THE CLIENT 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:

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

INTERVIEWER SEVERITY RATING

F36. 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:

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

F38. Patient'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?	☐	☐
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: 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 patient (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 patient's need for psychiatric/psychological treatment (0-9)? ☐

CONFIDENCE RATINGS

Is the Psychiatric Status information significantly distorted by:

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

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

Time Begun: ☐☐ : ☐☐

Time End: ☐☐ : ☐☐

COMMENTS FOR PSYCHIATRIC AREA: _____

INTERVIEWER'S ASSESSMENT

DIAGNOSTIC IMPRESSION

SASSI-3:

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

DSM-IV

AXIS I:

Description:

AXIS II:

Description:

AXIS III:

AXIS IV:

AXIS V:

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) ☐