Interviewer:_____
Company Name: _____
Address: _____
Phone Number: _____Fax: _____
Email:_____
Date of Interview: _____

NATIVE AMERICAN ASI QUESTIONNAIRE WITH JCAHO SUPPLEMENT

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.

NATIVE AMERICAN ASI QUESTIONNAIRE
(WITH JCAHO SUPPLEMENT)

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

G54. 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

COMMENTS FOR GENERAL AREA: _____

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

G17a. What tribe do you consider yourself part of? _____

G18. Religious preference: ☐

1-Protestant
2-Catholic
3-Jewish
4-Islamic
5-Other
6-None
7-Traditional (specify)
8-Native American Church
9-Mormon
10-Pentecostal
11-Baptist

G58. Specify other religion: _____

G18a. Are you currently practicing this religion (Y/N)? ☐

G18b. What was the religious preference in the household where you were raised? ☐

1-Protestant
2-Catholic
3-Jewish
4-Islamic
5-Other
6-None
7-Traditional (specify)
8-Native American Church
9-Mormon
10-Pentecostal
11-Baptist

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-Pshychiatric treatment
6-Other

Specify other: _____

G20. How many days? ☐☐

G21. Are you or have you ever been in the following branches of the military? ☐

1-Air Force
2-Army
3-Marines
4-Navy
5-Coast Guard
6-None

G22. Dates of service: ☐☐/☐☐/☐☐

to ☐☐/☐☐/☐☐

G23. Highest rank: _____

G24. Type of discharge: ☐

0-Active duty
1-Honorable
2-Dishonorable
3-Administrative
4-Medical

G25. Were you ever involved in combat (Y/N)? ☐

ADDITIONAL 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: _____

M3a. Age at onset of chronic illness: [ ][ ]

M3b. Did you have any other chronic medical problems as a child (Y/N)? [ ]

Specify: _____

M3c. Age of onset of that other childhood chronic illness: [ ][ ]

M3d. Number of months pregnant: [ ][ ]

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 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: _____

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

E10a. At what age did you first start regular work? ☐☐

E10b. Usual type of work as an adolescent: ☐

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 last 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 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? ☐☐

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: _____

DRUG/ALCOHOL USE

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

D52. What was it? _____

	Age at 1st use	# Days Past 30	# Years in Lifetime	Route of Admin.	Date of Last Use Month/Year
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 (00-16)? ☐☐

00-No problem
01-Alcohol any use
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

COMMENTS FOR DRUG/ALCOHOL AREA: _____

D14b. (Optional) According to the patient, which substance(s) are the major problem? *(Use codes in question D-14)*

D15. How long was your last period of voluntary abstinence from this major substance (substance identified in D-14)?
(00-never abstinent) Months

D16. How many months ago did this abstinence end?
(00-still abstinent)

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? $

D24b. Do you receive any financial compensation for a drug or alcohol disability (include SSI/SSDI) (Y/N)?

D25. How many days have you been treated as on outpatient for alcohol or drugs in the past 30 days (include AA & NA)?

D25b. (*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:

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?	☐☐	☐
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?	☐☐	☐
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? _____

L25a. How old were you when you were first arrested? ☐☐

(00 if never arrested)

L25b. What was your first arrest for? ☐☐

(Use codes 03-16, 18-20; 00 if never arrested)

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
10-Assault	20-Major driving violations
11-Arson	

L25c. How many months did you spend in juvenile detention centers? ☐☐

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	3-CONSIDERABLY
1-SLIGHTLY	4-EXTREMELY
2-MODERATELY	

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 TO 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

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

Mother's Side

H1. Grandmother
H2. Grandfather
H3. Mother
H4. Aunt/Uncle
H5. Aunt/Uncle
H6. Aunt/Uncle

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

Father's Side

H7. Grandmother
H8. Grandfather
H9. Father
H10. Aunt/Uncle
H11. Aunt/Uncle
H12. Aunt/Uncle

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

Your Family

H13. Former Spouse/ Partner
H14. Spouse or Partner
H15. Yourself
H16. Brother/Sister
H17. Brother/Sister
H18. Brother/Sister

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

Your Children

H19. Child #1
H20. Child #2
H21. Child #3
H22. Child #4
H23. Child #5
H24. 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

H25. Specify: _____
H26. Specify: _____
H27. Specify: _____
H28. Specify: _____
H29. Specify: _____
H30. Specify: _____

How many siblings do you have?

H53. Brothers:
H54. Sisters:

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

F3a. *(Optional*) Sexual preference: ☐

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

F3b. *(Optional) How* long have you had this preference (since age 18)?

Years ☐☐

Months ☐☐

F3c. *(Optional) Are* you satisfied with this sexual preference (0-2)? ☐

0-No
1-Indifferent
2-Yes

F51. How many children do you have? ☐☐

F4. Usual living arrangements for the past 3 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)? ☐

F51. What do you consider to be your first language? _____

_____

F52. Do you speak and understand your native language(Y/N)?

Understand: ☐

Speak: ☐

F53. What languages are spoken at home? _____

F54. Have you been given your Indian name? ☐

Specify: _____

F55. Why were you given this name? _____

_____

F56. Who gave you your name? _____

F57. Were you raised on the reservation (Y/N)? ☐

F58. Has this been a positive experience for you (Y/N)? ☐

Explain why: _____

F59. Did you or a family member attend a boarding school (Y/N)? ☐

F60. Was this a positive experience for you (Y/N)? ☐

Explain why: _____

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

F10a. How many days in the past 30 did you participate in sports? ☐☐

F10b. How many days in the past 30 did you exercise? ☐☐

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 ☐

F17a. Did you ever live in any of the following situations prior to age 18?

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

1. Two-parent household ☐
2. Single-parent household ☐
3. Extended family ☐
4. Other family, not parents ☐
5. Guardians, not related ☐
6. Residential schools ☐
7. Foster parents ☐
8. Orphanage ☐

9. Medical/Psychiatric institutions
10. Correctional facility
11. Unsupervised minor

F17b. Which environment was primary? (Use numbers from F17a)

F17c. How long were you in the primary living situation? Years ____ Months ____

F17d. Were you satisfied with this (0-2)?

0-No
1-Indifferent
2-Yes

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)?

COMMENTS FOR FAMILY/SOCIAL RELATIONSHIPS 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 out patient or private patient? ☐☐

P1a. Age when first treated for psychiatric or emotional problems: ☐☐

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 CLIENT 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? ☐

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. ☐

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)? ☐

COMMENTS FOR PSYCHIATRIC AREA: _____

SPIRITUALITY

S1. Do you have a belief in the Creator (Y/N)? ☐

S2. What is your relationship with your Creator now? _____

_____

S3. Have you been given any spiritual teachings (Y/N)? ☐

Specify: _____

S4. How have these influenced your life in the past and today?

_____

_____

S5. Do you attend:

Church (Y/N)? ☐

Traditional ceremonies (Y/N)? ☐

S6. When was the last time you attended? _____

S7. Do you participate in any of the following:

Sweatlodge Ceremony (Y/N)? ☐

Pipe Ceremony (Y/N)? ☐

Talking Circle (Y/N)? ☐

Mentoring (Y/N)? ☐

Other (Y/N)? ☐

Specify: _____

S8. Why are they important to you? _____

_____

S9. Whom do you seek out for help?

Medicine People (Y/N)? ☐

Traditional Practitioners (Y/N)? ☐

S10. Are you comfortable with your spirituality and beliefs (Y/N)? ☐

S11. How has the use of alcohol and/or drugs affected any of these important life areas? _____

_____

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 _____ ☐

8-10 AM _____ ☐

10 AM-12 PM _____ ☐

12-2 PM _____ ☐

2-4 PM _____ ☐

4-6 PM _____ ☐

6-8 PM _____ ☐

COMMENTS FOR SPIRITUALITY AREA: _____

COMMENTS FOR JCAHO SUPPLEMENT: _____

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

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.

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

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

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

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

Workers invite me to drink/use

I just got paid; I've got money

I'm away from my supervisor

Hassle with a boss or coworker

After working hard

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

I drink/use with certain family members

Just thinking about my family upsets me

When someone in my house drinks/uses

Family events include drinking/drug use

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

Social Situations

Being at parties where people are drinking/using

Weekend/end of work week

Free time

Special occasions (weddings, etc.)

Dancing

Someone I date drinks/uses drugs

I used to go to bars to socialize

I play sports with people who drink/use

Almost all my friends drink or use drugs

Being in any group situation is upsetting

Any kind of gambling

I get uptight whenever I go out of my house

Being alone bothers me

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

Moods, Mental and Physical State

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

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

People, Places and Things

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	☐
Eating at restaurants	☐
Rock concerts	☐
Seeing drug-related things	☐
Seeing people drinking or using drugs	☐
Seeing a place where I used to drink/use	☐
Being in my car	☐
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 situations make you want to drink or use drugs? (check box)

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	☐
Being in a new relationship	
Being rejected	☐
Asking for a date	☐

Time Begun: ☐☐ : ☐☐

Time End: ☐☐ : ☐☐

ADDITIONAL COMMENTS FOR JCAHO SUPPLEMENT:_____

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:

COMMENTS FOR DIAGNOSTIC IMPRESSION: _____

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) ☐