



AccuCare is a product of  
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# ADULT 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.

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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 ethnic group do you consider yourself part of? \_\_\_\_\_

G18. Religious preference: [ ]

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

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

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? [ ][ ]

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: \_\_\_\_\_



## 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:

E.23. Patient's misrepresentation (Y/N)?

E24. Patient's inability to understand (Y/N)?

COMMENTS FOR EMPLOYMENT AREA: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

# DRUG/ALCOHOL USE

COMMENTS FOR DRUG/ALCOHOL AREA: \_\_\_\_\_

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

D52. What was it? \_\_\_\_\_

	Age at 1 <sup>st</sup> use	# Days Past 30	# Years in Lifetime	Rte of Admin	Date of Last Use Month/Year
D1. Alcohol (any use at all)	<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"/>
D2. Alcohol (to intoxication)	<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"/>
D3. 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"/>
D4. 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"/>
D5. 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"/>
D6. 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"/>
D7. 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"/>
D8. 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"/>
D9. 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"/>
D10. 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"/>
D11. 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"/>
D12. 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"/>
D13. More than 1 substance 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"/>

**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







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

ADDITIONAL COMMENTS FOR LEGAL AREA: \_\_\_\_\_

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)?



# 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

F7. Do you live with anyone who:  
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

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



# 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?

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                      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?

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)?

COMMENTS FOR PSYCHIATRIC AREA: \_\_\_\_\_

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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"/>
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"/>

**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"/>

**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	<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"/>

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

**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"/>





AXIS II:

Description:

AXIS III:

AXIS IV:

AXIS V:

COMMENTS FOR DIAGNOSTIC IMPRESSION:

**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)

  
  
  
  


**RECOMMENDATION FOR TREATMENT**