

AccuCare is a product of Orion Healthcare Technology 1016 Leavenworth Street Omaha, NE, 68102

1+ 800-324-7966 www.MyAccuCare.com

ADULT ASI QUESTIONNAIRE WITH JCAHO SUPPLEMENT

Client's Name:	Firs	t	 	 				 	-	INSTRUCTIONS 1. Leave no blanks. Where appropriate code items:
	Mid	dle_					 	 	_	Y-Yes N-No X-Question not applicable
	Las	t	 				 	 	-	Z-Question not answered Use only one character per item.
Social Security	#:					_				2. Space is provided after sections for additional comments.
Date of Birth:					/	′	/			SEVERITY RATINGS The severity ratings are interview estimates of the patient's need for additional treatment in each area. The scales range from 0 (no treatment necessary) to 9
Gender (M/F):										(treatment needed to intervene in life-threatening situations). Each rating is based upon the patient's history of problem symptoms, present condition and
Client ID:										subjective assessment of the patient's treatment needs in a given area.

Orion Healthcare Technology is a leader in providing automated practice management solutions to the behavioral health and substance abuse fields. Our products include adult, adolescent, criminal justice and mental health assessments; treatment plans, patient placement software, progress notes, discharge summaries, outcome research software, MIS, electronic data transfer, office scheduling and billing applications. If you would like information about the automated version of this questionnaire or others, please feel free to call our toll-free number listed above. Orion Healthcare Techology allows the photocopying of this questionnaire for clinical use, but reserves the software rights for this product.

ADULT ASI QUESTIONNAIRE WITH JCAHO SUPPLEMENT

<u>GE</u>	NERAL INFORMATIO	<u>N</u>		2-Refused	X-Not applicable
G1.	Client ID:			COMMENTS FOR GE	NERAL AREA:
G2.	Social Security #:				
G3.	Provider #:				
G4.	Date of Admission:	/	/		
G5.	Date of Interview:	/	/		
G6.	Time Begun:		/		
G51.	Who referred you for an evaluation	on?			
	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 assess	sment? /	/		
G54.	Why are you receiving this asses	ssment (1-6)?			
	1-OWI or DWI 2-Court ordered 3-Attorney recommended	4-Other criminal arre 5-Self interest 6-Other	st		
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	3-I Inable to respond			

Client	's:	G23. Highest rank:
	First Name Middle Name Last Name	G24. Type of discharge:
	Address	0-Active duty 3-Administrative 1-Honorable 4-Medical 2-Dishonorable
	Address	G25. Were you ever involved in combat (Y/N)?
	City State Zip	ADDITIONAL COMMENTS FOR GENERAL AREA:
Phone	e 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 6-Hispanic-Mexican 2-Black 7-Hispanic-Puerto Rican	
	3-American Indian 8-Hispanic-Cuban 4-Alaskan Native 9-Other Hispanic	
	5-Asian or Pacific Islander	
G17a	What ethnic group do you consider yourself part of?	
G18.	Religious preference:]
	1-Protestant 4-Islamic 2-Catholic 5-Other	
	3-Jewish 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 4-Islamic	
	2-Catholic 5-Other 3-Jewish 6-None	
G19.	Have you been in a controlled environment in the past 30 days?]
	1-No 4-Medical treatment 2-Jail 5-Psychiatric treatment	
	2-Jail 5-Psychiatric treatment 3-Alcohol or drug 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 4-Navy	
	2-Army 5-Coast Guard 3-Marines 6-None	
G22	Dates of service:	
	to to	

ME	DICAL STATUS	COMMENTS FOR MEDICAL AREA:
IVIT.	How many times in your life have you been hospitalized for medical problems? (<i>Include ODs, DTs, exclude detox</i>)	
M2.	How long ago was your last hospitalization for medical problems?	
	Years Months	
M51.	What was it for?	
M3.	Do you have any chronic medical problems which continue to interfere with your life (Y/N)?	
	Specify:	
М3а.	Age at onset of chronic illness:	
M3b.	Did you have any other chronic medical problems as a child (Y/N)	
	Specify:	
МЗс.	Age of onset of that other childhood chronic illness:	
M3d.	Number of months pregnant:	
MA	Are you taking any prescribed medication on a regular	
IVI4.	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 3-CONSIDERABLY	
	1-SLIGHTLY 4-EXTREMELY 2-MODERATELY	
M7.	How troubled or bothered have you been by these medical problems in the past 30 days?	
M8.	How important to you now is treatment for these 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	
IVIO.	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)?	
		I control of the cont

<u>EMF</u>	PLOYMENT/SUPPORT STATUS	E13. Unemployment compensation:
E1.	Education completed (GED = 12 years):	E14. Welfare:
	Years Months	E15. Pension, benefits or social security:
		E16. Mate, family or friends:
E2.	Training or technical education completed: Months	E17. Illegal:
E3.	Do you have a profession, trade, or skill (Y/N)? Specify:	E51. What was your gross income last year?
E4	Do you have a valid driver's license (Y/N)?	E18. How many people depend on you for the majority of their food, shelter, etc.?
E5.	Do you have an automobile available (Y/N)?	E19. How many days have you experienced employment problems in the past 30?
	(Answer "no" if no valid driver's license)	ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:
E6.	How long was your longest full-time job? Years Months	0-NOT AT ALL 3-CONSIDERABLY 1-SLIGHTLY 4-EXTREMELY 2-MODERATELY
E7.	Usual (or last) occupation: 1a. Higher Executives	E20. How troubled or bothered have you been by these employment problems in the past 30 days?
	1b. Large Proprietor (Value over \$180,000) 1c. Major Professionals 2a. Business Managers 2b. Proprietors of Medium-Sized Businesses	E21. How important to you now is counseling for these employment problems?
	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	THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY
	4b. Technicians 4c. Proprietors of Little Business (<\$10,000)	INTERVIEWER SEVERITY RATING
	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	E22. How would you rate the patient's need for employment counseling (0-9)?
	Specify:	CONFIDENCE RATINGS
E8.	Does someone contribute to your support in any way (Y/N)?	Is the Employment/Support Status information significantly distorted by:
	Specify:	
E9.	Does this constitute the majority of your support (Y/N)?	E.23. Patient's misrepresentation (Y/N)?
E10.	Employment status:	E24. Patient's inability to understand (Y/N)?
	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	COMMENTS FOR EMPLOYMENT AREA:
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) 4-Student 8-In controlled environment	
E11.	How many days were you paid for working in the last 30?	

DR	UG/ALCOHOL USE	COMMENTS FOR DRUG/ALCOHOL AREA:
	What age did you first try alcohol or drugs?	
D52.	What was it?	
	Date of Age at # Days # Years Rte of Last Use 1 st use Past 30 in Lifetime Admin Month/Year	
D1.	Alcohol /	
	(any use at all)	
D2.	Alcohol / / /	
	(to intoxication)	
D3.	Heroin Heroin	
D4.	Methadone // // // // // // // // // // // // //	
D5.	Other opiates/	
	analgesics	
D6.	Barbiturates / / /	
D7	Other sedatives/	
Dr.	hypnotics/ tranquilizers	
D8.	Cocaine // //	
D9.	Amphetamines // // // // // // // // // // // // //	
D10.	Cannabis \(\begin{array}{cccccccccccccccccccccccccccccccccccc	
D11.	Hallucinogens // //	
D12.	Inhalants///	
D13.	More than 1	
	substance per day (including alcohol)	
	Route of Administration 1-Oral 4-Non-IV injection	
	2-Nasal 5-IV injection 3-Smoking	
D53.	Have you ever used a needle to administer any of these drugs (Y/N)?	
DE4		
	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 08-Cocaine 01-Alcohol any use 09-Amphetamines	
	02-Alcohol to intox. 10-Cannabis 03-Heroin 11-Hallucinogens	
	04-Methadone 12-Inhalants 05-Opiates/analgesics 15-Alcohol & one or more drugs	
	06-Barbiturates 16-More than one drug 07-Other sed/hyp/tranq	

D14b	(Optional) According to the patient, which substance(s) are the major problem? (Use codes in question D-14)			How many days in the past 30 days have you experienced:	
D.15			D26.	Alcohol problems?	
D15.	How long was your last period of voluntary abstinence from substance (substance identified in D-14)? (00-never abstinent) Month		D27.	Drug problems?	
D16.	How many months ago did this abstinence end? (00-still abstinent)			ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:	Γ
	How many times have you:			0-NOT AT ALL 3-CONSIDERABLY	
D17.	Had alcohol DTs?			1-SLIGHTLY 4-EXTREMELY 2-MODERATELY	
D18.	Overdosed on drugs?			How troubled or bothered have you been in the past 30 days by these:	у
	How many times have you been treated for:		D28.	Alcohol problems?	
D19.	Alcohol abuse?		D29.	Drug problems?	
D20.	Drug abuse?			How important to you now is treatment for these:	
			D30.	Alcohol problems?	
	How many of these were for detox only:		D31.	Drug problems?	
D21.	Alcohol?			THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE	
D22.	Drug?			INTERVIEWER ONLY	
D55.	How long ago were you last in treatment? Yea	rs 🗍		INTERVIEWER SEVERITY RATING	
	Mont			How would you rate the patient's need for treatment for (0-9):	
			D32.	Alcohol Problems?	
D56.	Name of Center		D33.	Drug Problems?	
D57.	Address	<u>.</u>		CONFIDENCE RATINGS	
	Type of treatment:			CONFIDENCE RATINGS Is the Drug/Alcohol Status information significantly distorted by	 :
			D34.		:
D58.	Type of treatment:	Days		Is the Drug/Alcohol Status information significantly distorted by	:
D58.	Type of treatment: 1-Inpatient 2-Outpatient		D35.	Is the Drug/Alcohol Status information significantly distorted by Patient's misrepresentation (Y/N)?	:
D58. D59. D60.	Type of treatment: 1-Inpatient 2-Outpatient How long did it last?		D35.	Is the Drug/Alcohol Status information significantly distorted by Patient's misrepresentation (Y/N)? Patient's inability to understand (Y/N)?	:
D58. D59. D60. D61.	Type of treatment: 1-Inpatient 2-Outpatient How long did it last? Did you complete it successfully (Y/N)? Have you been evaluated for alcohol or drugs before		D35.	Is the Drug/Alcohol Status information significantly distorted by Patient's misrepresentation (Y/N)? Patient's inability to understand (Y/N)?	:
D58. D59. D60. D61.	Type of treatment: 1-Inpatient 2-Outpatient How long did it last? Did you complete it successfully (Y/N)? Have you been evaluated for alcohol or drugs before today (Y/N)? Where:		D35.	Is the Drug/Alcohol Status information significantly distorted by Patient's misrepresentation (Y/N)? Patient's inability to understand (Y/N)?	:
D58. D59. D60. D61.	Type of treatment: 1-Inpatient 2-Outpatient How long did it last? Did you complete it successfully (Y/N)? Have you been evaluated for alcohol or drugs before today (Y/N)? Where:	Days	D35.	Is the Drug/Alcohol Status information significantly distorted by Patient's misrepresentation (Y/N)? Patient's inability to understand (Y/N)?	:
D58. D59. D60. D61.	Type of treatment: 1-Inpatient 2-Outpatient How long did it last? Did you complete it successfully (Y/N)? Have you been evaluated for alcohol or drugs before today (Y/N)? Where:	Days	D35.	Is the Drug/Alcohol Status information significantly distorted by Patient's misrepresentation (Y/N)? Patient's inability to understand (Y/N)?	:
D58. D59. D60. D61. D62.	Type of treatment: 1-Inpatient 2-Outpatient How long did it last? Did you complete it successfully (Y/N)? Have you been evaluated for alcohol or drugs before today (Y/N)? Where: When: How much money would you say you spent during the part of the part o	Days	D35.	Is the Drug/Alcohol Status information significantly distorted by Patient's misrepresentation (Y/N)? Patient's inability to understand (Y/N)?	
D58. D59. D60. D61. D62.	Type of treatment: 1-Inpatient 2-Outpatient How long did it last? Did you complete it successfully (Y/N)? Have you been evaluated for alcohol or drugs before today (Y/N)? Where: When: How much money would you say you spent during the paron:	Days	D35.	Is the Drug/Alcohol Status information significantly distorted by Patient's misrepresentation (Y/N)? Patient's inability to understand (Y/N)?	
D58. D59. D60. D61. D62. D23: D24.	Type of treatment: 1-Inpatient 2-Outpatient How long did it last? Did you complete it successfully (Y/N)? Have you been evaluated for alcohol or drugs before today (Y/N)? Where: When: How much money would you say you spent during the paron: Alcohol?	Days	D35.	Is the Drug/Alcohol Status information significantly distorted by Patient's misrepresentation (Y/N)? Patient's inability to understand (Y/N)?	
D58. D59. D60. D61. D62. D23: D24. D24b	Type of treatment: 1-Inpatient 2-Outpatient How long did it last? Did you complete it successfully (Y/N)? Have you been evaluated for alcohol or drugs before today (Y/N)? Where: When: How much money would you say you spent during the paron: Alcohol? \$ Drugs? Do you receive any financial compensation for a	Days Days Days St 30 days	D35.	Is the Drug/Alcohol Status information significantly distorted by Patient's misrepresentation (Y/N)? Patient's inability to understand (Y/N)?	

10-Assault 20-Major driving violations 11-Arson Was this admission prompted or suggested by the criminal justice COMMENTS FOR LEGAL AREA: _ system (judge, probation/parole officer, etc.) (Y/N)? Are you on probation or parole? 0-Neither 1-Probation 2-Parole How many times in your life have you been arrested and charged with following? Under the influence at the time? L3. Shoplifting/vandalism? Parole/probation violations? Drug charges? L6. Forgery? Weapons offense? L7. Burglary/larceny/B&E? L8. Robbery? L10. Assault? L11. Arson? L12. Rapes? 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 12-Rape/sex related crimes 04-Parole/probation violation 13-Homicide/manslaughter 14-Prostitution 05-Drug charges 06-Forgery 15-Contempt of court 07-Weapons offense 16-Other 08-Burglary/larceny/B&E

09-Robbery

19-Driving while intoxicated

18-Disorderly conduct, vagrancy

LEGAL STATUS

L24.	Are you presently awaiting of	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 fo	r?		
	(Use codes 03-16, 18-20; 00) if never arrested)		
	03-Shoplifting/vandalism/theft 04-Parole/probation violation 05-Drug charges 06-Forgery	12-Rape/sex related crimes 13-Homicide/manslaughter 14-Prostitution 15-Contempt of court		
	07-Weapons offense 08-Burglary/larceny/B&E 09-Robbery 10-Assault 11-Arson	16-Other 18-Disorderly conduct, vagrancy 19-Driving while intoxicated 20-Major driving violations		
L25c.	How many months did you s detention centers?	spend in juvenile		
L26.	How many days in the past or incarcerated?	30 were you detained		
L27.	How many days in the past illegal activities for profit?	30 have you engaged in		
	ASK THE CLIENT TO USE TWO QUESTIONS:	THIS SCALE TO RATE THE NI	EXT	
	0-NOT AT ALL 1-SLIGHTLY 2-MODERATELY	3-CONSIDERABLY 4-EXTREMELY		
L28.	How serious do you feel you (exclude civil problems)	ır present legal problems are?		
L29.	How important to you now is problems?	counseling or referral for these	e legal	
		VARE TO BE ANSWERED BY T VIEWER ONLY	THE	
	INTERVIEWER	R SEVERITY RATING		
L30.	How would you rate the pati or counseling (0-9)?	ent's need for legal services		
	. , ,	ENCE RATINGS		
	Is the Legal Status informati	on eignificantly distorted by:		
I 21	Patient's misrepresentation			
	·			
L32.	Patient's inability to understa	and (Y/N)?		

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

Λ /	O+	ha	r's	C	i	,
IVI	OΠ	пe.	rs	.>1	О	f

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

C-Suicide W-Workaholic

G-Compulsive gambler S-Sexual addiction

E-Eating disorder/compulsive overeater

V-Violence or frequent rages M-Mental illness

Father's Side

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

H25. Specify:

H26. Specify:

E-Eating disorder/compulsive overeater

C-Suicide

W-Workaholic

V-Violence or frequent rages

M-Mental illness

Additional Family Members

H27. Specify:		
H28. Specify:		
H29. Specify:		
H30. Specify:		
How many siblings do you have?		
H53. Brothers:		
H54. Sisters:		
COMMENTS FOR FAMILY HISTORY ARE	EA:	
of 16 Compliments of Orion Houle	haana Taabaalaan	900 224 7077

FA	MILY/SOCIAL RELATIONSHIPS		F10a. How many days in the past 30 did you participate in sports?
F1.	Marital status:		F10b. How many days in the past 30 did you exercise?
	1-Married 4-Separated		F11. How many close friends do you have?
	2-Remarried 5-Divorced 3-Widowed 6-Never Married		Would you say you have had close, reciprocal relationships with any of the following people in your life?
F2.	How long have you been in this marital status?	Years	Y-Yes N-No X-Not applicable Z-Not answered
	(If never married, then since age 18)	Months	F12. Mother
F3.	Are you satisfied with this situation (0-2)?		F13. Father
	0-No 1-Indifferent 2-Yes		F14. Brothers/Sisters
F3a.	(Optional) Sexual preference:		F15. Sexual Partner/Spouse
	1-Males 4-None		F16. Children
	2-Females 5-Other 3-Both		F17. Friends
F3b.	(Optional) How long have you had this preference	(since age 18)?	F17a. Did you ever live in any of the following situations prior to age 18?
		Years	Y-Yes N-No X-Not applicable Z-Not answered
		Months	Two-parent household
F3c.	(Optional) Are you satisfied with this sexual preferer	nce (0-2)?	Single-parent household
	0-No		Extended family
	1-Indifferent 2-Yes		Other family, not parents
F51.	How many children do you have:		5. Guardians, not related
F4.	Usual living arrangements for the past 3 years:		6. Residential schools
	1-With sexual partner and children		7. Foster parents
	2-With sexual partner and children 2-With sexual partner alone 3-With children alone		8. Orphanage
	4-With parents 5-With family		Medical/Psychiatric institutions
	6-With friends		10. Correctional facility
	7-Alone 8-Controlled environment 9-No stable arrangements		11. Unsupervised minor
F5.	How long have you lived in these arrangements?	Years	F17b. Which environment was primary? (Use numbers from F17a)
	(If with family or parents, since age 18)	Months	F17c. How long were you in the primary living situation? Years
F6.	Are you satisfied with these arrangements?		Months
	0-No 1-Indifferent 2-Yes		F17d. Were you satisfied with this (0-2)?
F7.	Do you live with anyone who: Has a current alcohol problem (Y/N)?		0-No 1-Indifferent 2-Yes
F8.	Uses non-prescribed drugs (Y/N)?		Have you had significant periods in which you have experienced serious
F9.	With whom do you spend most of your free time?		problems getting along with: Y-Yes N-No X-Not applicable Z-Not answered
	1-Family 2-Friends		Has Alcohol or Drugs
	2-Friends 3-Alone		Past 30 In Your Affected This <u>Days</u> <u>Life</u> <u>Relationship</u>
F10.	Are you satisfied spending your free time this way?		F18. Mother
	0-No 1-Indifferent		F19. Father
	2-Yes		F20. Brothers/Sisters

		Past 30 In Your <u>Days</u> <u>Life</u>	Has Alcohol or Drugs Affected This Relationship	THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY INTERVIEWER SEVERITY RATING
F21.	Sexual partner/Spouse			F36. How would you rate the patient's need for family and/or social
F22.	·			counseling (0-9)?
F23.	*Other significant family			
	Close friends			CONFIDENCE RATINGS
F25.	Neighbors	HH		Is the Family/Social Relationships information significantly distorted by:
F26.	Co-workers	HH		F37. Patient's misrepresentation (Y/N)?
				F38. Patient's inability to understand (Y/N)?
F23.	*Specify other relative:			COMMENTS FOR FAMILY/SOCIAL RELATIONSHIPS AREA:
	Did any of these people abuse yo	ou:		
	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 r chooses not to	identify person	
F27.	Emotionally (make you feel bad through harsh words)?	Past 30 d	lays In Your Life	
F28.	Physically (cause you physical ha	arm)?		
F29.	Sexually (force sexual advances sexual acts)?	or		
	How many days in the past 30 ha	ave you had serious	conflicts:	
F30.	With your family?			
F31.	With other people (excluding fam	nily)?		
	ASK THE CLIENT TO USE THIS TWO QUESTIONS:	S SCALE TO RATE	THE NEXT	
	0-NOT AT ALL 1-SLIGHTLY	3-CONSIDERABL 4-EXTREMELY	Y	
	2-MODERATELY	vou boon in the nost	20 daya bu	
	How troubled or bothered have y these:	ou been in the past	30 days by	
F32.	Family problems?			
F33.	Social problems?			
	How important to you now is trea	ntment or counseling	for these:	
F34.	Family problems?			
F35.	Social problems?			

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

SP	<u>IRITUALITY</u>	COMMENTS FOR SPIRITUALITY AREA:
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)?	
		COMMENTS FOR JCAHO SUPPLEMENT:
<u>JC</u>	AHO SUPPLEMENT	
	In the space below, indicate how you spent your time prior to entering treatment with us. Answer "yes" to those time periods when you usually drank or got high (50% of the time or more).	
	A Typical Work Day	
	Y-Yes N-No X-Not applicable Z-Not answered	
	6-8 AM	
	8-10 AM	
	10 AM-12 PM	
	12-2 PM	
	2-4 PM	
	4-6 PM	
	6-8 PM	
	8-10 PM	
	10 PM-12 AM	
	12-2 AM	
	2-4 AM	
	4-6 AM	
	Document regular events such as waking, meals and sleeping. Note if there is no fixed schedule.	
	In the space below, indicate how you spent your time prior to entering treatment with us. Answer "yes" to those time periods when you usually drank or got high (50% of the time or more).	
	A Typical Day Off	
	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			riggers Inventory use drugs? (check	: What types of situations make box)	e you want
10 PM-12 AM			g (
12-2 AM		Family	Situations		
2-4 AM		After I hav	e a problem with a	family member	
4-6 AM		I drink/use	with certain family	members	
Document regular events such as wai	king meals and sleeping. No		ng about my family	upsets me	
there is no fixed schedule.	ang, meale and elegangritis		eone in my house	drinks/uses	
Free Time: Read through the entire lifting that you like to do.	st of activities and select at lea	east Family eve	ents include drinking	g/drug use	
Swim	Religious activities		riggers Inventory use drugs? (check	: What types of situations make box)	e you want
Listen to music Yoga Crafts	Go out to dinner Community work Artwork	Social	Situations		
Bird watch Go sailing	Cook Photography	Being at p	arties where people	e are drinking/using	
Knit	Golf	Weekend/	end of work week		
Needlepoint Carpentry/furniture making	Play tennis Meditate	Free time			
Return to school Exercise	Horseback riding Read	Special oc	casions (weddings,	, etc.)	
Hike in the woods Play with my kids	Chess Pinball	Dancing			П
Target shooting Travel (foreign)	Racquetball Go camping	Someone	I date drinks/uses of	drugs	П
Martial arts (karate, etc) Volunteer work	Travel Singing/Choir	I used to g	o to bars to socializ	ze	
Go to a museum Go to the movies	Computers Making clothes	I play spor	ts with people who	drink/use	Ħ
Go fishing Go to theater productions	Other Help at school w/kids	Almost all	my friends drink or	use drugs	H
Learn magic tricks Play basketball	Play a musical instrum Aerobics	nent	ny group situation is	-	H
Go to arcades	Dance Archery	Any kind o		3	H
Values: From the list below, select the	•	, i	nt whenever I go ou	ut of my house	H
important to you.			e bothers me	0,	H
Personal freedom	God	Doing dion	e bouncie inc		Ш
Being sober Sex life Intelligence	Cars Looking good Being right		riggers Inventory nk or use drugs? (d	: What types of situations make	e you
Wisdom	Approval from others		s, Mental and Phys	,	
Peace of mind Happiness	Family Mother		s, wentar and Phys		
Spouse Being a parent	Father Being content	Lonely		Bored	\mathbb{H}
Wealth Health	Being safe Being loving	Cannot sle	ер	Angry	
	Being loved	Guilt		Hunger	
Relapse Triggers Inventory: What to drink or use drugs? (Check box)	pes of situations make you w	vant Uptight		Envious or jealous	
Work Situations		Worried		Self-pity	
Around people who drink/use		Depressed		Fear	
Workers invite me to drink/use		Sexually to	irned on	Feeling powerful	
I just got paid; I've got money		Having a s	uccess	Good news	
I'm away from my supervisor		Winning		Loss of loved one	
Hassle with a boss or coworker		Tired		Drug/drinking dreams	
After working hard		╡ ┃			

	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	\exists		
	Eating at restaurants	\exists		
	Rock concerts	\dashv		
	Seeing drug-related things	\exists		
	Seeing people drinking or using drugs	ヿ		
	Seeing a place where I used to drink/use	_		
	Being in my car	_		
	Driving through certain neighborhoods	\dashv		
	Seeing a drug deal take place	Ħ		
	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		DIAGNOSTIC IMPRESSION SASSI-3:	
	Thinking about sex/sexual fantasy		RAP?	
	Any kind of sexual activity		FVA?	
	Having certain kinds of sex		FVOD?	
	Having sex with a prostitute		SYM?	
	Being in a new relationship		OAT?	
	Being rejected		SAT?	
	Asking for a date		DEF?	
			SAM?	
	Time End:		FAM?	
IN ⁻	FERVIEWER'S ASSESSMENT		COR?	
	<u> </u>		DSM-IV	
			AXIS I:	
			Description:	
			I	

AXIS II:	
Description:	
AXIS III:	
AXIS IV:	
AXIS V:	
77.10	
COMMENTS FOR DIAGNOSTIC IMPRESSION:	
	LEVEL OF CARE RECOMMENDATION
	(Check one):
	1. Not applicable
	2. Level I – (Outpatient treatment)
	Level II – (Intensive outpatient/partial hospitalization)
	4. Level III – (Medically monitored intensive inpatient)
	5. Level IV – (Medically managed intensive inpatient)
DECOMMENDATION FOR TREATMENT	
RECOMMENDATION FOR TREATMENT	