

Addiction Severity Index 5th Edition

DENS Clinical/Training Version

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Remember: This is an interview, not a test.

INTRODUCING THE ASI: Introduce and explain the seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychiatric. All clients receive this same standard interview. All information gathered is confidential; explain what that means in your facility; who has access to the information and the process for the release of information.

There are two time periods we will discuss:

1. The past 30 days
2. Lifetime

Patient Rating Scale: Patient input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you for the area being discussed.

The scale is:

0 - Not at all
1 - Slightly
2 - Moderately
3 - Considerably
4 - Extremely

Inform the client that he/she has the right to refuse to answer any question. If the client is uncomfortable or feels it is too personal or painful to give an answer, instruct the client not to answer. Explain the benefits and advantages of answering as many questions as possible in terms of developing a comprehensive and effective treatment plan to help them.

Please try not to give inaccurate information!

INTERVIEWER INSTRUCTIONS:

1. Leave no blanks.
2. Make plenty of Comments (if another person reads this ASI, they should have a relatively complete picture of the client's perceptions of his/her problems).
3. Terminate interview if client misrepresents two or more sections.
4. When noting comments, please write the question number.

HALF TIME RULE: If a question asks the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.

CONFIDENCE RATINGS: ⇒ Last two items in each section.
⇒ Do not over-interpret.
⇒ Denial does not necessarily warrant misrepresentation.
⇒ Misrepresentation = overt contradiction in information.

Probe, cross-check and make plenty of comments!

HOLLINGSHEAD CATEGORIES:

1. Higher execs, major professionals, owners of large businesses.
2. Business managers of medium sized businesses, lesser professions, i.e., nurses, opticians, pharmacists, social workers, teachers.
3. Administrative personnel, managers, minor professionals, owners/proprietors of small businesses, i.e., bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent.
4. Clerical and sales, technicians, small businesses (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary).
5. Skilled manual - usually having had training (baker, barber, brakeperson, chef, electrician, fireman, machinist, mechanic, paperhanger, painter, repairperson, tailor, welder, police, plumber).
6. Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator).
7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter, including unemployed).
8. Homemaker.
9. Student, disabled, no occupation.

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Pain killers = Morphine, Dilaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Robitussin, Fentanyl
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sed/Hyp/Tranq:	Benzodiazepines = Valium, Librium, Ativan, Serax Tranxene, Xanax, Miltown, Other = ChloralHydrate (Noctex), Quaaludes, Dalmane, Halcion
Cocaine:	Cocaine Crystal, Free-Base Cocaine or "Crack, and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
Cannabis:	Marijuana, Hashish
Hallucinogens:	LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
Inhalants:	Nitrous Oxide, Amyl Nitrate (Whippits, Poppers), Glue, Solvents, Gasoline, Toluene, Etc.

Just note if these are used:

Antidepressants,
Ulcer Meds = Zantac, Tagamet
Asthma Meds = Ventoline Inhaler,
Theodur
Other Meds = Antipsychotics, Lithium

ALCOHOL/DRUG USE INSTRUCTIONS:

The following questions refer to two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days.

- ⇒ 30 day questions only require the number of days used.
- ⇒ Lifetime use is asked to determine extended periods of use.
- ⇒ Regular use = 3 or more times per week, binges, or problematic irregular use in which normal activities are compromised.
- ⇒ Alcohol to intoxication does not necessarily mean "drunk", use the words "to feel or felt the effects", "got a buzz", "high", etc. instead of intoxication. As a rule, 3 or more drinks in one sitting, or 5 or more drinks in one day defines "intoxication".
- ⇒ How to ask these questions:
 - "How many days in the past 30 have you used...?"
 - "How many years in your life have you regularly used...?"

GENERAL INFORMATION

General Client Information	General Info (G14-G15)	General Info (G16-G20)
General Information		
G4. Date of Admission:	<input type="text"/>	
G5. Date of Interview:	<input type="text"/>	
G6. Date/Time Begun:	<input type="text" value="10/01/2001 3:09:15 PM"/>	G7. Date/Time Ended: <input type="text"/>
G8. Class:	<input type="text" value="INTAKE, FOLLOWUP"/>	
G9. Contact Code:	<input type="text" value="IN PERSON, TELEPHONE, X"/>	
G10. Gender:	<input type="text" value="MALE, FEMALE"/>	G11. Interviewer Code <input type="text" value="sa"/>
G12. Special: (Code if interview not completed)	<input type="text"/>	

General Client Information	General Info (G14-G15)	General Info (G16-G20)
General Information		
First <input type="text"/>	Middle <input type="text"/>	
Address <input type="text"/>		
Apt/Suite <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
G14. For how long have you lived at your current address?	<input type="text"/> yrs <input type="text"/> mos	<input type="text" value="0-99, 0-11, X"/>
G15. Is this residence owned by you or your family?	<input type="text" value="NO, YES, X, N"/>	
Site	<input type="text" value="0001"/>	

General Client Information	General Info (G14-G15)	General Info (G16-G20)									
General Information											
G16. Date of Birth:	<input type="text" value="01/12/1977"/>										
G51. Of what race do you consider yourself? (select one or more)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1. American Indian</td> <td>2. Alaskan Native</td> <td>3. Asian</td> </tr> <tr> <td>4. Native Hawaiian or Other Pacific Islander</td> <td>5. Black or African American</td> <td>X</td> </tr> <tr> <td>6. White</td> <td>7. Other</td> <td></td> </tr> </table>		1. American Indian	2. Alaskan Native	3. Asian	4. Native Hawaiian or Other Pacific Islander	5. Black or African American	X	6. White	7. Other	
1. American Indian	2. Alaskan Native	3. Asian									
4. Native Hawaiian or Other Pacific Islander	5. Black or African American	X									
6. White	7. Other										
Other Specify:	<input type="text"/>										
G52. Of what ethnic category do you consider yourself?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> 1. Hispanic or Latino</td> <td><input type="checkbox"/> 2. Not Hispanic or Latino</td> </tr> </table>		<input checked="" type="checkbox"/> 1. Hispanic or Latino	<input type="checkbox"/> 2. Not Hispanic or Latino							
<input checked="" type="checkbox"/> 1. Hispanic or Latino	<input type="checkbox"/> 2. Not Hispanic or Latino										
G18. Do you have a Religious Preference?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> 1. Protestant</td> <td><input type="checkbox"/> 2. Catholic</td> <td><input type="checkbox"/> 3. Jewish</td> <td><input type="checkbox"/> 4. Islamic</td> <td><input type="checkbox"/> 5. Other</td> <td><input type="checkbox"/> 6. None</td> <td><input checked="" type="checkbox"/> X</td> </tr> </table>		<input type="checkbox"/> 1. Protestant	<input type="checkbox"/> 2. Catholic	<input type="checkbox"/> 3. Jewish	<input type="checkbox"/> 4. Islamic	<input type="checkbox"/> 5. Other	<input type="checkbox"/> 6. None	<input checked="" type="checkbox"/> X		
<input type="checkbox"/> 1. Protestant	<input type="checkbox"/> 2. Catholic	<input type="checkbox"/> 3. Jewish	<input type="checkbox"/> 4. Islamic	<input type="checkbox"/> 5. Other	<input type="checkbox"/> 6. None	<input checked="" type="checkbox"/> X					
G19. Have you been in a controlled environment in the past 30 days?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> 1. No</td> <td><input type="checkbox"/> 2. Jail</td> <td><input type="checkbox"/> 3. Alcohol/ Drug Treatment</td> </tr> <tr> <td><input checked="" type="checkbox"/> 4. Medical Treatment</td> <td><input type="checkbox"/> 5. Psychiatric Treatment</td> <td><input type="checkbox"/> 6. Other</td> </tr> <tr> <td><input type="checkbox"/> X</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/> 1. No	<input type="checkbox"/> 2. Jail	<input type="checkbox"/> 3. Alcohol/ Drug Treatment	<input checked="" type="checkbox"/> 4. Medical Treatment	<input type="checkbox"/> 5. Psychiatric Treatment	<input type="checkbox"/> 6. Other	<input type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1. No	<input type="checkbox"/> 2. Jail	<input type="checkbox"/> 3. Alcohol/ Drug Treatment									
<input checked="" type="checkbox"/> 4. Medical Treatment	<input type="checkbox"/> 5. Psychiatric Treatment	<input type="checkbox"/> 6. Other									
<input type="checkbox"/> X	<input type="checkbox"/>	<input type="checkbox"/>									
G20. How many days?	<input type="text" value="0-30, X, N"/>										
G50. Expected treatment modality most appropriate for patient:	<input type="text"/>										

GENERAL INFORMATION COMMENTS

(Include question number with your notes)

HINTS

G4-G5. These dates often differ. If you do not know when the person will be admitted, enter XX/XX/XXXX. If date of admission and date of interview are same date fill in both with same date. Clicking on the small arrow will produce a pop-up calendar.

G8. Most ASIs for the DENS study will be coded "intake". ASI's done on or near admission are "intakes" even if the person has been in your treatment program before. Follow-up ASIs are generally completed by interviewers completing follow-up studies.

G9. All intake ASIs should be completed in person. Many follow-up ASI's are done on the telephone after a client leaves treatment.

G14. This refers to the address listed above. Answers to this question may indicate stability and longevity of living arrangements, or could be used in determining recovery environment.

G15. This helps assess the stability of the living arrangement. Additional probes could include questions about who owns the home, etc. The patient does not have to be the owner.

G51. Ask "of what race or races do you consider yourself?" To prompt, read the racial category list. If the client says they are multi-racial, prompt them to select from the racial category list. Record Hispanic or Latino in G52, NOT as OTHER in G51.

G52. Ask "of which ethnic category do you consider yourself, Hispanic or Latino, or NOT Hispanic or Latino?" This question does not allow for specifying other ethnicities because it corresponds to the US Census 2000 questions.

G18. Ask, "do you have a religious preference?" This does not simply refer to their childhood religion. Recommended Probes: Do you have any other spiritual belief system? Are you currently active/practicing this religion?

G19. A place, theoretically, without access to drugs/alcohol. If they have been in two controlled environments, record the one they have been in the longest. We recognize that clients may have access to alcohol and other drugs in these facilities.

G20. Refers to the total number of days in any controlled environments in the past 30 days. If they have been in two environments total the number of days in both and clarify in the comments. Code "N" if Question G19 is "No."

MEDICAL INFORMATION

Medical (M1-M5) | Medical (M6-M11)

Medical Status

M1. How many times in your life have you been hospitalized for medical problems? 0 - 99, or X

M2. How long ago was your last hospitalization for a physical problem? yrs mos 0 - 99, 0-11, X or N

M3. Do you have any chronic medical problems which continue to interfere with your life? NO, YES, or X
Specify:

M4. Are you taking any prescribed medication on a regular basis for a physical problem? NO, YES, or X
Specify:

M5. Do you receive a pension for a physical disability? NO, YES, or X
Specify:

Medical (M1-M5) | **Medical (M6-M11)**

Medical Status

M6. How many days have you experienced medical problems in the past 30? 0-30 or X

M7. How troubled or bothered have you been by these medical problems in the past 30 days? → USE PATIENT RATING SCALE

M8. How important to you now is treatment for these medical problems? → USE PATIENT RATING SCALE

INTERVIEWER SEVERITY RATING

M9. How would you rate the patient's need for medical treatment? → USE INTERVIEWER RANGE

CONFIDENCE RATING

Is this information significantly distorted by:

M10. patient's misrepresentation? NO, YES

M11. patient's inability to understand? NO, YES

Section Comments:

MEDICAL COMMENTS

(Include question number with your notes)

HINTS

- M1.** Include ODs and D.T.'s. Exclude detox, alcohol/drug, psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems. Probe: Dates of the hospitalizations and what for?
- M2.** This question asks: "How long ago was your last hospitalization, not how long was the hospitalization. If never hospitalized (Question M1=00) then this should be "N".
- M3.** Chronic: refers to a medical condition (i.e. Hepatitis, Asthma, Diabetes) that requires ongoing attention (i.e. medication, dietary restriction) preventing full advantage of their abilities. Code even if the patient has adjusted to the condition.
- M4.** Medication prescribed by a physician for medical conditions; not psychiatric medicines. Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems.
- M5.** Include Workers' compensation, exclude psychiatric disability. If yes, specify type and amount of pension in the comments. Crosscheck with E15.
- M6.** Includes days with chronic medical problems (from M3), flu, colds, etc. Include ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.). Exclude hangovers.
- M7.** Prompt client with problems already discussed. Ask M7 even if client has not identified days in M6. If M6=0, and the answer for M7 is greater than zero, go back to M6 and code how many days they have been bothered by the problem.
- M8.** If client is currently receiving medical treatment, this can refer to need for additional treatment. Prompt client with identified problems (i.e. How interested are you in receiving treatment for the back pain you experienced the past 10 days?)
- M9.** Use your interviewer range. Remember your scale is 0-9 don't use the client's 0-4 scale! If the client is currently receiving medical treatment, this can refer to the patient's need for additional treatment.
- M10.** Coding "patient misrepresentation" should not be confused with minimization or "denial". Code 'yes' only if you have clear evidence that the patient is falsifying information throughout the entire section.
- M11.** "Patient's inability to understand" refers to an inability to complete the section due to problems of intoxication or detoxification, language barriers, or serious problems with intellectual ability such as mental retardation or head injury.

Employ (E1-E5)	Employ (E6-E10)	Employ (E11-E18)	Employ (E19-E24)
<u>Employment Support Status</u>			
E11. How many days were you paid for working in the past 30? <input type="checkbox"/> 0-30, X			
<u>How much money did you receive from the following sources in the past 30 days?</u>			
E12. Employment (net income)? \$ <input type="text"/> .00 0-99999, X			
E13. Unemployment compensation? \$ <input type="text"/> .00 0-99999, X			
E14. Welfare ? \$ <input type="text"/> .00 0-99999, X			
E15. Pension, benefits or social security? \$ <input type="text"/> .00 0-99999, X			
E16. Mate, family or friends (money for personal expenses)? \$ <input type="text"/> .00 0-99999, X			
E17. Illegal? \$ <input type="text"/> .00 0-99999, X			
E18. How many people depend on you for the majority of their food, shelter, etc.? <input type="checkbox"/> 0-9, X			

EMPLOYMENT COMMENTS
(Include question number with your notes)

Employ (E1-E5)	Employ (E6-E10)	Employ (E11-E18)	Employ (E19-E24)
<u>Employment Support Status</u>			
E19. How many days have you experienced employment problems in the past 30? <input type="checkbox"/> 0-30, X			
E20. How troubled or bothered have you been by these employment problems in the past 30?			<input type="text"/> → USE PATIENT RATING SCALE
E21. How important to you now is counseling for these employment problems?			<input type="text"/> → USE PATIENT RATING SCALE
<u>INTERVIEWER SEVERITY RATING</u>			USE INTERVIEWER RANGE
E22. How would you rate the patient's need for employment counseling?			<input type="text"/> → USE INTERVIEWER RANGE
<u>CONFIDENCE RATING</u>			
Is this information significantly distorted by:			
E23. patient's misrepresentation? <input type="text"/> NO, YES			
E24. patient's inability to understand? <input type="text"/> NO, YES			
Section Comments: <input type="text"/>			↓

HINTS

- E11. Total number of days paid for working. Include days not worked but paid for (i.e. paid days vacation, personal, holidays and/or sick days) Include "under the table work" (i.e. helping friends move, cutting lawns etc.).
- E12. Net or "take home" pay, earned income. Include any "under the table" money (i.e. delivering pizza, cutting lawns, etc.). Do not include money from drug dealing, prostitution, etc, this will be included in E17.
- E13. Unemployment Compensation. Money received after being laid-off or fired from a job.
- E14. Welfare income includes cash, food stamps, and transportation money provided by an agency. This is the only place on the ASI where we include, as cash, the value of a non-cash item (i.e. food stamps).
- E15. Include disability, pensions, retirement, veteran's benefits, SSI, SSDI, & workers' compensation. Do not include unemployment compensation, that was coded in E13.
- E16. Include cash provided for personal expenses, (i.e. clothing). Also include unreliable sources of income, windfalls (unexpected), money from legal gambling, inheritance, tax returns, etc. Must be cash given to the patient. Crosscheck with E8.
- E17. Cash obtained from drug dealing, stealing, fencing stolen goods, illegal gambling, prostitution, etc. Do not attempt to convert drugs received for illegal activity to a dollar value (i.e. patient engages in sex for drugs instead of cash).
- E18. Must be regularly depending on patient financially. Include alimony/child support, if it is the majority of the spouse or child's support. Do not include the patient or a self-supporting spouse.
- E19. Include inability to find work, if they are actively looking for work (actively going on interviews, knocking on doors, completing applications, etc.) or problems with present job such as lateness, job probation, argument with the boss, etc.
- E20. Ask E20 even if patient has not identified problems in E19. If the patient is troubled by employment problems, probe what those problems are and how many days they experienced them. Go back and fill in E19 if necessary.
- E21. Stress that counseling could include help in finding or preparing for a job (resume writing, job preparation and readiness evaluation and/or skills training, etc.), not giving them a job.
- E22. Use your interviewer range. Remember your scale is 0-9 don't use the client's 0-4 scale! Treatment for employment problems could include job training, help applying to school, a back-to-work conference with a current employer, etc.
- E23. Coding "patient misrepresentation" should not be confused with minimization or "denial". Code 'yes' only if you have clear evidence that the patient is falsifying information throughout the entire section.
- E24. "Patient's inability to understand" refers to an inability to complete the section due to problems of intoxication or detoxification, language barriers, or serious problems with intellectual ability such as mental retardation or head injury.

ALCOHOL AND DRUG INFORMATION

D/A (D1-D13)	D/A (D14-D18)	D/A (D19-D25)	D/A (D26-D33)	D/A (D34-D35)	Addl. Drugs
Drug / Alcohol Use					
	Days in past 30	Years in Lifetime	Route of Administration		
D1. Alcohol - any use at all	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D2. Alcohol - to intoxication	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D3. Heroin	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D4. Methadone	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D5. Other opiates/analgesics	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D6. Barbiturates	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D7. Other sedatives/hyp./tranq.	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D8. Cocaine	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D9. Amphetamines	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D10. Cannabis	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D11. Hallucinogens	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D12. Inhalants	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		
D13. More than one substance per day	<input type="checkbox"/> 0-30, X	<input type="checkbox"/> 0-99, X	<input type="text"/>		

Route of Administration:
 Oral
 Nasal
 Smoking
 Non IV Injection
 IV injection
 X,
 N/A

HINTS

- D1a. PAST 30 DAYS:** Any alcohol use at all, includes beer, wine, and liquor. Enter the number of days, not the number of times in the past thirty days. Recommended probe: Approximately how much do you drink each day?
- D1b. LIFETIME USE =** years of regular use. Enter the number of years (six months or more, round up) of regular (three times a week or more, irregular problematic use, bingeing) use. Probe for periods of abstinence and deduct from total.
- D1c. ROUTE OF ADMINISTRATION:** The usual route for alcohol is oral, but some patients may inject alcohol. If more than one route is used, code most severe route. Routes of administration are listed in order of least (oral) to most (IV) severe.
- D2a. PAST 30 DAYS:** To intoxication is defined as 3 drinks in a sitting or 5 in a day even if the patient reports not feeling intoxicated. Drinking to “feel” the effects, catch a buzz, drinking with intention to alter a state of being are also included.
- D2b. LIFETIME USE =** How many years of the regular use (from D1b) did the patient drink heavily? Prompt client (i.e. “Of the 22 years you were drinking, how many were you drinking more than 3 drinks in a sitting, or to feel the effects?”).
- D2c. ROUTE OF ADMINISTRATION:** The usual route for alcohol is oral, but some patients may inject alcohol. If more than one route is used, code most severe route. Routes of administration are listed in order of least (oral) to most (IV) severe.

D3-D13

- **PAST 30 DAYS-** Record the number of days of use. Probe for quantity and amount spent and note in comment section.
- **LIFETIME USE=** years of regular use. Enter the number of years (six months or more, round up) of regular (three times a week or more, irregular problematic use, bingeing) use. Probe for periods of abstinence and deduct from total.
- **ROUTE OF ADMINISTRATION-** If more than one route is used, code most severe route, (i.e. shooting IV is considered more severe than intranasal use). Routes of administration are listed in order of least (oral) to most (IV) severe. Pills are usually coded as oral.

CODING HINTS

- **D3-** Speedballing (use of heroin and cocaine together) is recorded here and in the cocaine column.
- **D4-** Probe to see if client is on a Methadone program and record in the comment section. Count any Methadone use whether or not on program. Methadone is usually taken orally.
- **D5-** Prompt client with drugs in this classification (i.e. Have you ever used opiates like, Dilaudid, Vicodan, Tylenol with Codeine, Percodan, Percocet or any other opiates?). Pills are usually coded as oral.
- **D6-** Prompt client with examples of drugs in this classification.
- **D7-** Prompt with examples of drugs in this classification (i.e. Have you ever used Xanax, Valium, Klonopin, Ativan, Serax, etc.) Ask whether medications were prescribed or were they using illicit drugs.
- **D8-** Prompt with, have you ever used cocaine, crack.
- **D9-** Prompt with drugs in this classification.
- **D10-** Prompt with Marijuana, Pot, Hash etc. Cannabis is usually smoked or used orally
- **D11-** Prompt with drugs in classification.
- **D12-** Inhalants are, by definition, used nasally.
- **D13-** Help client by framing the question (i.e. you said you used Alcohol on ten days and cocaine on five days were they the same days?) Help anchor the client (i.e. you said you used alcohol for 10 years and heroin for 10 years, were these the same years?)

DRUG AND ALCOHOL INFORMATION

D/A (D1-D13)	<u>D/A (D14-D18)</u>	D/A (D19-D25)	D/A (D26-D33)	D/A (D34-D35)	Addl. Drugs
<i>Drug / Alcohol Use</i>					
D14. According to the interviewer, which substance(s) <input type="text"/> is/are the major problem?					
D15. How long was your last period of voluntary abstinence from this major substance (in mos.)? <input type="text"/> 0-99, X					
D16. How many months ago did this period of abstinence end? <input type="text"/> 0-99, X, or N					
How many times have you:					
D17. Had alcohol DT's? <input type="text"/> 0-99, X					
D18. Overdosed on Drugs? <input type="text"/> 0-99, X					

ALCOHOL/ DRUG COMMENTS
(Include question number with your notes)

- Alcohol and one or more drug
- No problem
- Alcohol
- Methadone
- Barbiturates
- Cocaine
- Amphetamines
- Hallucinogens
- X
- More than one drug but no alcohol
- Heroin
- Other Opiates/ analgesics
- Other sedatives/ hypnotics/ tranquilizers
- Cannabis
- Inhalants

D/A (D1-D13)	D/A (D14-D18)	<u>D/A (D19-D25)</u>	D/A (D26-D33)	D/A (D34-D35)	Addl. Drugs
<i>Drug / Alcohol Use</i>					
D19. How many times in your life have you been treated for alcohol abuse? <input type="text"/> 0-99, X					
D21. How many of these were detox only (alcohol) <input type="text"/> 0-99, X, or N					
D23. How much money would you say you spent during past 30 days on alcohol? \$ <input type="text"/> .00 <input type="text"/> 0-99999, X					
D20. How many times in your life have you been treated for drug abuse? <input type="text"/> 0-99, X					
D22. How many of these were detox only (drugs) <input type="text"/> 0-99, X, or N					
D24. How much money would you say you spent during past 30 days on drugs? \$ <input type="text"/> .00 <input type="text"/> 0-99999, X					
D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? <input type="text"/> 0-30, X					

HINTS

D14. Determine the major drug/alcohol problem. Could be just one drug, or more likely, alcohol & one or more drugs, or more than one drug but no alcohol. You could also code “no problem”.

D15. How long, not how long ago. Last period of at least 1 month voluntary abstinence. Periods of hospitalization/incarceration/inpatient do not count. Periods of antabuse, methadone, or naltrexone use during abstinence does count. ”00” = never abstinent.

D16. How many months ago did this abstinence end? If D15 = “00”, then D16 = “N”. If patient is still abstinent, D16=“00”.

D17. Differentiate between “shakes” and DT’s. Delirium Tremens (DT’s): Occur 24-48 hours after last drink, or significant decrease in alcohol intake, shaking, severe disorientation, fever, hallucinations, they usually require medical attention.

D18. Define Overdose for client. Differentiate between OD’s and passing out. Overdoses (OD): Requires intervention by someone to recover, not simply sleeping it off, include suicide attempts by OD.

D19– D20. Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period). Exclude psychiatric and medical treatments. Include and code dual diagnosis unit in this section and in psychiatric section. If treated in the same place for alcohol and drugs count in both D19 and D20 and make appropriate notation in the comment section.

D21-D22. If D19 = "00", then question D21 is "N". If D20 = “00”, then question D22 is “N”. Note: Not how many included detox, but how many were detox treatment only.

D23-D24. Only count actual money spent. Cash out of pocket. Do not count the dollar amount of drugs used. The intent of the question is to ascertain the financial burden caused by drugs/alcohol.

D25. Number of days treated. Include AA/NA. If AA and NA occurred the same days as other treatment do not count twice. Two AA/NA meetings in one day, correct coding = 1 day.

LEGAL INFORMATION

Legal (L1-L17)	Legal (L18-L23)	Legal (L24-L27)	Legal (L28-L32)
Legal Status			
<u>How many times in your life have you been charged with the following:</u>			
L18. Disorderly conduct, vagrancy, public intoxication	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 0-99, X
L19. Driving while intoxicated	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 0-99, X
L20. Major driving violations (reckless driving, speeding, no license, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 0-99, X
L21. How many months were you incarcerated in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 0-99, X
L22. How long was your last incarceration?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 0-99, X, or N
L23. What was it for?	<input style="width: 100%;" type="text"/>		

- 3- Shoplifting/ vandalism
- 4- Parole/ probation violations
- 5- Drug charges
- 6- Forgery
- 7- Weapons offense
- 8- Burglary, Larceny, B&E
- 9- Robbery
- 10- Assault
- 11- Arson
- 12- Rape
- 13- Homicide, manslaughter
- 14- Prostitution
- 15- Contempt of court
- 16- Other
- 18- Disorderly conduct, vagrancy, public intoxication
- 19- Driving while intoxicated
- 20- Major driving violations (reckless driving, speeding, no license, etc.)
- X- Not answered
- N- Not applicable

HINTS:

L18. Charges in item #L18 category may include those which generally relate to being a public annoyance without the commission of a particular crime in addition to disorderly conduct, vagrancy, and public intoxication.

L19. Includes driving under the influence, driving while impaired, as well as intoxicated.

L20. Driving violations counted in #20 are moving violations (speeding, reckless driving, leaving the scene of an accident, etc). This does not include vehicle violations, registration infractions, parking tickets, etc.

L21. Enter the total number of months the client spent in jail, prison, or detention center (whether or not the charge resulted in a conviction).

L22. Note: the question does not ask how long ago rather how long the last incarceration of two weeks or more was. Count as one month any period of incarceration two weeks or longer. Enter "N" if client has never been incarcerated.

L23. If incarcerated for several charges, enter the most serious on the "pop-down" list. If never incarcerated, enter "N". Enter "X" if the client will not discuss the charges.

L24. Enter "yes" if the client is awaiting any sort of charges, trial, or sentencing. Do not include civil lawsuits unless a criminal offense (contempt of court) is involved.

L25. If awaiting charges, trial, or sentencing for several charges, enter the most serious on the "pop-down" list. If not awaiting charges, enter "N". Enter "X" if the client will not discuss the charges.

L26. Enter number of days detained or incarcerated, even if released on the same day. Including being put in jail to sleep off a drunk, or detained and questioned by the police because s/he looked like someone who had committed a crime, etc. Only count time served is the client was charged and served time as an adult.

L27. Enter the number of days the client engaged in crime for profit. NOTE: Profit is not limited to CASH. Include drug dealing, prostitution, burglary, selling stolen goods, etc. Do not count days of drug possession or drug use.

L28. Ask L28 even if client has not identified any criminal behavior in L27. Record the client's feelings about how serious s/he feels their legal problems are, and the importance of getting (additional) counseling or referral.

L29. The client is rating the need for referral to legal counsel so that he can defend himself against criminal charges.

L30. Use your interviewer range. Remember your scale is 0-9 don't use the client's 0-4 scale! "Treatment" for legal problems generally includes the involvement of legal counsel.

L31. Coding "patient misrepresentation" should not be confused with minimization or "denial". Code 'yes' only if you have clear evidence that the client is falsifying information throughout the entire section.

L32. "Patient's inability to understand" refers to an inability to complete the section due to problems of intoxication or detoxification, language barriers, or serious problems with intellectual ability such as mental retardation or head injury.

Legal (L1-L17)	Legal (L18-L23)	Legal (L24-L27)	Legal (L28-L32)
Legal Status			
L24. Are you presently awaiting charges, trial or sentence?			
			NO, YES, X
L25. What for (If multiple charges, use most severe)			
Rape	Burglary, Larceny, B&E	Major driving violations (reckless driving, speeding, no license, etc.)	
Arson	Homicide, manslaughter	Disorderly conduct, vagrancy, public intoxication	
Forgery	Parole/ probation violations	Driving while intoxicated	N- Not applicable
Assault	Weapons offense	Shoplifting/ vandalism	X- Not answered
Robbery	Prostitution	Drug charges	Other
Contempt of court			
L26. How many days in the past 30 were you detained or incarcerated?			
			<input type="checkbox"/> 0-30, X
L27. How many days in the past 30 have you engaged in illegal activities for profit?			
			<input type="checkbox"/> 0-30, X

Legal (L1-L17)	Legal (L18-L23)	Legal (L24-L27)	Legal (L28-L32)
Legal Status			
L28. How serious do you feel your present legal problems are?			
<input style="width: 100%;" type="text"/>			USE PATIENT SEVERITY SCALE
L29. How important to you now is counseling or referral for these legal problems?			
<input style="width: 100%;" type="text"/>			USE INTERVIEWER RANGE
INTERVIEWER SEVERITY RATING			
L30. How would you rate the patient's need for legal services			
<input style="width: 100%;" type="text"/>			USE INTERVIEWER RANGE
CONFIDENCE RATING			
Is this information significantly distorted by:			
L31. patient's misrepresentation?	<input type="checkbox"/>	<input type="checkbox"/>	NO, YES
L32. patient's inability to	<input type="checkbox"/>	<input type="checkbox"/>	NO, YES
Section	<input style="width: 100%;" type="text"/>		
Comments:	<input style="width: 100%;" type="text"/>		

LEGAL COMMENTS

(Include question number with your notes)

FAMILY SOCIAL INFORMATION

F/S (F1-F6)	F/S (F7-F11)	F/S (F12-F17)	F/S (F18-F26)	F/S (F27-F35)	F/S (F36-F38)
Family / Social Relationships					
F1. Marital Status: <input type="text"/>		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input checked="" type="checkbox"/> X		<input type="checkbox"/> Remarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married	
F2. How long have you been in this marital status (If never married, then since age 18)? Yrs <input type="text"/> Mos <input type="text"/>		0-99, 0-11, X			
F3. Are you satisfied with this <input type="text"/>		NO, INDIFFERENT, YES, X			
With sexual partner and children With parents No stable arrangement X		With sexual partner alone With family With friends Alone Controlled environment		With children No stable arrangement X	
F4. Usual living arrangements (past 3 years) <input type="text"/>		0-99, 0-11, X			
F5. How long have you lived in these arrangements (if with parents or family, since age 18)? Yrs <input type="text"/> Mos <input type="text"/>		0-99, 0-11, X			
F6. Are you satisfied with these arrangements? <input type="text"/>		NO, INDIFFERENT, YES, X			

F/S (F1-F6)	F/S (F7-F11)	F/S (F12-F17)	F/S (F18-F26)	F/S (F27-F35)	F/S (F36-F38)
Family / Social Relationships					
Do you live with anyone who:					
F7. Has an alcohol problem? <input type="text"/>		NO, YES, X			
F8. Uses non-prescribed drugs? <input type="text"/>		NO, YES, X			
F9. With whom do you spend most of your free time? <input type="text"/>		<input type="checkbox"/> 1- Family <input type="checkbox"/> 2- Friends <input type="checkbox"/> 3- Alone <input checked="" type="checkbox"/> X- Not Answered			
F10. Are you satisfied with spending your free time this way? <input type="text"/>		NO, INDIFFERENT, YES, X			
F11. How many close friends do you have? <input type="text"/>		0-9, X			

FAMILY/SOCIAL COMMENTS

(Include question number with your notes)

HINTS

F1. Enter the code for present legal marital status. If married, probe to see if this is his/her first marriage, if not code "Remarried". Consider common law marriage "Married", with a notation in the comment section.

F2. Enter number of years and months client has been in the current marital status. If never married, (from F1), the number of years from age 18 will automatically be entered.

F3. This question refers to the marital status coded in F1. A "satisfied" response must indicate that the client generally likes the situation, not that he/she is merely resigned to it.

F4. Code the situation in which the client spent most of the last three years, even if it is different from his or her most recent living arrangement. If the client lived in several arrangements choose the most representative of the past 3 years.

F5. Refers to the arrangement coded above, not necessarily the most current. For clients who usually live with parents, enter the number of years residing there since age 18 in item #5.

F6. This question refers to the living arrangement coded in F4. A "satisfied" response must indicate that the client generally likes the situation, not that he/she is merely resigned to it.

F7. Code "yes" if the client reports that an individual with an active alcohol problem lives with them (in the case of most outpatient treatment settings) or in the environment the client expects to return to following inpatient treatment.

F8. Code "yes" if the client reports an individual with any form of drug use lives with them, or for inpatients, in the environment the client expects to return to. This includes abusers of prescribed drugs.

F9. Immediate and extended family, in-laws, are coded under "Family". "Friends" can be any of the client's associates other than family members, and related problems with friends will be considered "Social" problems in later questions.

F10. A "Yes" response must indicate that the client generally likes the situation, not that s/he is merely resigned to it. Merely resigned to a situation is coded as "Indifferent". A "No" response indicates the client generally dislikes the situation.

F11. Stress "close". Exclude family members. These are reciprocal relationships or mutually supportive relationships. Determine specifically if there has been the ability to feel closeness and mutual responsibility in the relationship.

FAMILY/ SOCIAL INFORMATION

F/S (F1-F6)	F/S (F7-F11)	F/S (F12-F17)	F/S (F18-F26)	<u>F/S (F27-F35)</u>	F/S (F36-F38)
Family / Social Relationships					
Has anyone ever abused you?					
		PAST 30	LIFETIME		
F27. Emotionally (through harsh words)	<input type="text"/>	<input type="text"/>	<input type="text"/>	NO, YES, X	
F28. Physically (cause you physical harm)	<input type="text"/>	<input type="text"/>	<input type="text"/>	NO, YES, X	
F29. Sexually (force sexual advances or sexual acts)	<input type="text"/>	<input type="text"/>	<input type="text"/>	NO, YES, X	
F30. How many days in the past 30 have you had serious conflicts with your family?	<input type="text"/>	0-30, X			
F32. How troubled or bothered have you been in the past 30 days by family problems?	<input type="text"/>	USE PATIENT RATING SCALE			
F34. How important to you now is treatment or counseling for family problems?	<input type="text"/>	USE PATIENT RATING SCALE			
F31. How many days in the past 30 have you had serious conflicts with other people (excluding family)?	<input type="text"/>	0-30, X			
F33. How troubled or bothered have you been in the past 30 days by social problems?	<input type="text"/>	USE PATIENT RATING SCALE			
F35. How important to you now is treatment or counseling for social problems?	<input type="text"/>	USE PATIENT RATING SCALE			

FAMILY/SOCIAL COMMENTS

(Include question number with your notes)

F/S (F1-F6)	F/S (F7-F11)	F/S (F12-F17)	F/S (F18-F26)	F/S (F27-F35)	<u>F/S (F36-F38)</u>
Family / Social Relationships					
INTERVIEWER SEVERITY RATING					
F36. How would you rate the patient's need for family and/or social counseling?	<input type="text"/>	USE INTERVIEWER RANGE			
CONFIDENCE RATING					
Is this information significantly distorted by:					
F37. patient's misrepresentation?	<input type="text"/>	NO, YES			
F38. patient's inability to understand?	<input type="text"/>	NO, YES			
Section Comments:	<input type="text"/>				

HINTS

F27. Emotional abuse includes belittling the client, harsh verbal abuse, etc. This will generally be coded by what the client reports. It will be difficult to judge whether the abuse reported (or lack of it) would be considered abuse to another person.

F28. Include any level of physical harm inflicted on the client, regardless of the relationship to the abuser. Simple spankings or other punishments should not be counted as abuse unless they were (in the eyes of the client) extreme and unnecessary.

F29. Sexual abuse is not confined to intercourse, but should be counted if the client reports any type of unwanted/forced advances of a sexual nature by a member of either sex, including their sexual partner.

F30 -F31. Conflicts require personal (or at least telephone) contact. Stress number of days of serious conflicts (e.g., arguments, verbal abuse, etc.) with family or non-family members. Conflicts usually jeopardize the relationship with the person involved.

F32 -F33. Use the Patient Rating Scale to record the client's feelings about how bothersome any previously mentioned family or social (non-family) problems have been in the last month including any dissatisfaction, conflicts, etc., reported in the Family/Social section.

F34-F35. Use the Patient Rating Scale - how interested would they be in receiving counseling or additional counseling for Family or Social problems. Not necessarily family therapy, could be just counseling for them to deal with their family problems. Could include anger management, counseling around trust issues, etc.

F36. Use your interviewer range. Remember your scale is 0-9; don't use the client's 0-4 scale! "Treatment" for family/social problems can include family counseling, anger management, building networks of sober friends, couples counseling, etc.

F37. Coding "patient misrepresentation" should not be confused with minimization or "denial". Code 'yes' only if you have clear evidence that the client is falsifying information throughout the entire section.

F38. "Patient's inability to understand" refers to an inability to complete the section due to problems of intoxication or detoxification, language barriers, or serious problems with intellectual ability such as mental retardation or head injury.

PSYCHOLOGICAL INFORMATION

Psychological (P1-P11)	Psychological (P12-P20)	Psychological (P21-P23)	Additional Questions
Psychiatric Status			
How many times have you been treated for any psychological or emotional problems:			
P1. In a hospital?	<input type="checkbox"/> 0-99, X		
P2. As an Out Patient or Private Patient?	<input type="checkbox"/> 0-99, X		
P3. Do you receive a pension for a psychiatric disability?	<input type="checkbox"/>	NO, YES, X	
Have you had a significant period of time in which you have:		PAST 30 DAYS	LIFETIME
P4. Experienced serious depression?	<input type="checkbox"/> NO, YES, X	<input type="checkbox"/>	<input type="checkbox"/>
P5. Experienced serious anxiety or tension?		<input type="checkbox"/>	<input type="checkbox"/>
P6. Experienced hallucinations-saw things/heard voices that others didn't see/hear?		<input type="checkbox"/>	<input type="checkbox"/>
P7. Experienced trouble understanding, concentrating or remembering?		<input type="checkbox"/>	<input type="checkbox"/>
P8. Experienced trouble controlling violent behavior including episodes of rage, or violence?		<input type="checkbox"/>	<input type="checkbox"/>
P9. Experienced serious thoughts of suicide?		<input type="checkbox"/>	<input type="checkbox"/>
P10. Attempted suicide?		<input type="checkbox"/>	<input type="checkbox"/>
P11. Been prescribed medication for psychological and emotional problems?		<input type="checkbox"/>	<input type="checkbox"/>

PSYCHOLOGICAL COMMENTS

(Include question number with your notes)

HINTS

- P1.** Include treatment for any type of psychiatric problem while inpatient. This includes inpatient substance abuse treatment if psychiatric treatment was received while in this setting. The client does not have to be on an inpatient psychiatric unit.
- P2.** This includes any type of treatment for any type of psychiatric problem on an outpatient basis. Exclude substance abuse, employment, or family counseling (unless psychiatric treatment was received in these settings).
- P3.** This includes only pensions (money) received for support because of a psychiatric disability. Do not include medical disability here.
- P4-P7:** PAST 30 DAYS- Last 30 days. Not due to the biochemical effects of drug or alcohol intoxication, or withdrawal
LIFETIME- Duration at least 2 weeks. Not due to the biochemical effects of drug or alcohol intoxication, or withdrawal.

CODING HINTS

- Serious depression usually includes hopelessness, loss of interest in daily activities, etc.
 - Serious anxiety includes unreasonable tension, inability to relax, pacing, etc.
 - Hallucinations include "hearing or seeing things other people don't see or hear" .
 - Trouble understanding, concentrating, or remembering includes serious difficulties with these symptoms.
- P8- P10:** PAST 30 DAYS and LIFETIME- These problems are of sufficient importance that their brief existence warrants that they be recorded even if caused by or associated with alcohol or drug use.

CODING HINTS

- Problems with violence Include violence towards people, animals, or objects.
- Problems with thoughts of suicide Include any serious thoughts, especially if the client made a plan for how they would commit suicide.
- Suicide attempts Include any attempt the client identifies even if you don't think the attempt was potentially lethal.

P11: PAST 30 DAYS- Last 30 days.
LIFETIME- Duration at least 2 weeks.

CODING HINTS

- Must have been prescribed by a physician for a psychiatric or emotional problem for use. Record yes if the medication was prescribed, even if the client did not take it. Probe for name of medication, illness, etc.

PSYCHOLOGICAL INFORMATION

PSYCHOLOGICAL COMMENTS

(Include question number with your notes)

Psychological (P1-P11)	Psychological (P12-P20)	Psychological (P21-P23)
Psychiatric Status		
P12. How many days in the past 30 have you experienced these psychological or emotional problems?		<input type="text"/> 0-30, X
P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?		<input type="text"/> → USE PATIENT SEVERITY SCALE
P14. How important to you now is treatment for these psychological problems?		<input type="text"/> → USE PATIENT SEVERITY SCALE
At the time of the interview is the patient:		
P15. Obviously depressed/withdrawn	<input type="checkbox"/>	NO YES X
P16. Obviously hostile	<input type="checkbox"/>	NO YES X
P17. Obviously anxious/nervous	<input type="checkbox"/>	NO YES X
P18. Having trouble with reality testing, thought disorders, paranoid thinking	<input type="checkbox"/>	NO YES X
P19. Having trouble comprehending, concentrating, remembering	<input type="checkbox"/>	NO YES X
P20. Having suicidal thoughts	<input type="text"/>	NO, YES, X

Psychological (P1-P11)	Psychological (P12-P20)	Psychological (P21-P23)
Psychiatric Status		
INTERVIEWER SEVERITY RATING		
P21. How would you rate the patient's need for psychiatric/psychological treatment?		<input type="text"/> → USE INTERVIEWER RANGE
CONFIDENCE RATING		
Is this information significantly distorted by:		
P22. patient's misrepresentation?	<input type="text"/>	NO, YES
P23. patient's inability to understand?	<input type="text"/>	NO, YES
Section Comments:	<input type="text"/>	

HINTS:

P12. Record the number of days that the client has experienced the previously mentioned psychological or emotional problems. Be sure to have the client restrict his/her responses to those problems counted in questions 4 through 10.

P13. Use the patient rating scale to record the client's feelings about how bothersome any previously mentioned psychological or emotional problems have been in the last month. Include those symptoms from questions P4 through P10.

P14. Use the patient rating scale to record how interested they would be in receiving counseling or additional counseling for psychiatric or emotional problems. Not necessarily medications, could be individual or group therapy.

P15– P20. Rating is based on interviewer observations of the client. The interviewer should use clinical judgment based upon the client's behavior and answers during the interview.

CODING HINTS

Count only the presence of:

- P15- Overt depression or withdrawn behavior.
- P16- Overtly hostile behavior or attitude.
- P17- Obvious anxiety or nervousness.
- P18- Overt psychotic symptoms.
- P19- Serious trouble understanding, concentrating, or remembering.
- P20- Include if the client is having any type of suicidal thoughts. *** If "Yes," please inform your supervisor***

P21. Use your interviewer range. Remember your scale is 0-9; don't use the client's 0-4 scale! "Treatment" for psychiatric or emotional problems can include group or individual therapy, and may not always include medications.

P22. Coding "patient misrepresentation" should not be confused with minimization or "denial". Code 'yes' only if you have clear evidence that the client is falsifying information throughout the entire section.

P23. "Patient's inability to understand" refers to an inability to complete the section due to problems of intoxication or detoxification, language barriers, or serious problems with intellectual ability such as mental retardation or head injury.

DSM IV

DSM-IV Dependence Questions		DSM-IV Abuse Qu		YES, NO X	
	Alcohol	Drugs			
1. During the past year, did you ever notice that the same amounts of drugs or alcohol don't have the same effect as they used to or that you had to drink more alcohol or use more drugs to get the same effect?	<input type="text"/>	<input type="text"/>			
2. During the past year have you either experienced physical distress when you have quit drinking or taking drugs or have you found yourself taking alcohol or a drug to avoid withdrawal symptoms?	<input type="text"/>	<input type="text"/>			
3. During the past year have you used more alcohol or drugs or used over a longer period of time than you had originally planned?	<input type="text"/>	<input type="text"/>			
4. During the past year have you wanted or tried unsuccessfully to cut down or control your substance use?	<input type="text"/>	<input type="text"/>			
5. During the past year have you spent a great deal of time either obtaining, using, or recovering from the effects of alcohol or drugs?	<input type="text"/>	<input type="text"/>			
6. During the past year have you given up any work, family or leisure activities because of your use of substances?	<input type="text"/>	<input type="text"/>			
7. During the past year have you continued to use alcohol or drugs despite knowing that you have a physical or emotional problem that is either caused by or made worse by your substance use?	<input type="text"/>	<input type="text"/>			

DSM IV COMMENTS
(Include question number with your notes)

DSM-IV Dependence Questions		DSM-IV Abuse Questions		YES, NO X	
	Alcohol	Drugs			
1. During the past year has your use of drugs or alcohol contributed to difficulty or inability to meet responsibilities at home, school or work?	<input type="text"/>	<input type="text"/>			
2. During the past year have you used drugs or alcohol even when your use could be putting yourself in physical danger (use while driving, participating in sports, operating heavy machinery, etc.)	<input type="text"/>	<input type="text"/>			
3. During the past year has your drug or alcohol use led to any problems with the legal system such as drunk and disorderly arrests, being pick-up for drug possession, etc?	<input type="text"/>	<input type="text"/>			
4. During the past year have you continued to use drugs or alcohol even though this use has contributed to problems with others such as arguments with friends or family, physical fights, etc?	<input type="text"/>	<input type="text"/>			

Hints For Dependence.

1. The need to use more of a substance to get "high/buzzed," or using the same amount, but getting less of an effect indicates tolerance – this is very important for treatment because it usually means the patient has some level of physical dependence.
2. This question is asking about withdrawal symptoms - signs of physical dependence, a very important issue in deciding on a course of treatment. Probe to insure the symptoms are due to ending or reducing prolonged substance use, not a medical condition.
3. This questions looks at possible increases in the amount of a substance(s) used or an increase in the amount of time spent using substances. Probe and note the nature of the increase in substance use.
4. This question looks it assessing the patient's inability to control the amount of substance use, it also assess' their awareness of a need to use less or use less frequently. Probe and note what methods the patient used in trying to control or cut down their substance use.
5. This question is to assess the amount of time spent getting, using, or recovering from substance use.
6. This question is used to assess the extent to which substance use has interfered with work, family, or leisure activities, such as spending less time with family members, quitting hobbies, or working fewer hours.
7. This question assess the patient's knowledge of mental or physical problems caused or worsened by continued use, such as worsening depression or schizophrenia, or increased problems with physical illness' such as diabetes or hepatitis.

Hints for Abuse

1. Probe for consequences of substance use such as: repeated absences or poor work performance related to substance use; absences, suspensions or expulsions from school; neglect of family, household chores, etc.
2. Asses if the patient has used in situations that could be physically hazardous (possible activities include driving, rock climbing, working with machinery, employment in healthcare delivery, as a lifeguard, etc.) Code even if nothing adverse occurred.
3. Probe for the types of legal problems during the past year that were connected to the patient's substance use including: property crimes to obtain money to buy drugs, possession and sale, prostitution, etc.
4. Probe for continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substances, such as arguments with family, friends, or coworkers.

