

# CTN Addiction Severity Index Lite CF

Version# **1** | Approved 10/24/00  
Page 1 of 16



22325

ProtocolNumber:

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SerialNumber:

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Form #

**291**

<b>Node:</b>	<b>Site:</b> (G3)	<b>Name Code:</b>	<b>ID Number:</b> (G1)	<b>Date of Assessment:</b> (mm/dd/yyyy) (G5)
06				/   /

**Phase:**

- Screening
- Active
- Follow-up1
- Follow-up2
- Follow-up3

**CQI Codes:**

- Blank-No errors
- 01-Pt unavailable
- 10-Data collector error
- 11-Pt unable/unwilling to answer

**CQI:**

0	0
1	1

**CQIComments:**

- Entireform
- Question#(s):

**QA Corrections:**

- QA1
- QA2
- QA3
- QA4

Study Day:

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Form Completed By:

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(G11)

**Note: See page 16 for instructions and codes**

Circled items asked at follow-up  
★ Starred items rephrased at follow-up as "Since the last ASI interview,..."

## GENERAL INFORMATION

G4. Date of admission:

		/			/				
(MM)			(DD)			(YYYY)			

G8.

Class:

- 1-Intake
- 2-Follow-up

G9.

Contact code:

- 1-InPerson
- 2-Telephone(IntakeASImustbeinperson)
- 3-Mail

G10.

Gender:

- 1-Male
- 2-Female

G12.

Special:

- 1-Patientterminated
- 2-Patientrefused
- 3-Patientunabletorespond

Comments:

Please PRINT CLEARLY

1	2	3	4	5	6	7	8	9	0
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A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

# GENERAL INFORMATION (continued)



22325

SerialNumber:

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<b>Site:</b> 	<b>Name Code:</b> 	<b>ID Number:</b> 	<b>Date of Assessment:</b> (mm/dd/yyyy) /   /
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G14. How long have you lived at your current address?

		/		
A-Yrs.			B-Mos.	

G16. Date of birth:

		/			/				
(MM)			(DD)			(YYYY)			

G17. Of what race do you consider yourself?

- 1-White(NotHispanic)
- 2-Black(NotHispanic)
- 3-AmericanIndian
- 4-AlaskanNative
- 5-Asian/Pacific
- 6-Hispanic-Mexican
- 7-Hispanic-PuertoRican
- 8-Hispanic-Cuban
- 9-OtherHispanic

G18. Do you have a religious preference?

- 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-AlcoholorDrugTreat.
- 4-MedicalTreatment
- 5-PsychiatricTreatment
- 6-Other: \_\_\_\_\_
  - A place, theoretically, without access to drugs/alcohol.

G20. How many days?

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- "NN" if question G19 is "No". Refers to total number of days detained in the past 30 days.

Comments:

Please  
PRINT CLEARLY

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A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

# MEDICAL STATUS



22325

SerialNumber:

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<b>Site:</b>	<b>Name Code:</b>	<b>ID Number:</b>	<b>Date of Assessment:</b> (mm/dd/yyyy)																										
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Comments:

- \* M1. How many times in your life have you been hospitalized for medical problems? 

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  - Include O.D.'s & D.T.'s. Exclude detox, alcohol/drug, psychiatric treatment and childbirth (if no complications). Enter the number of **overnight** hospitalizations for medical problems.
  
- M3. Do you have any chronic medical problems which continue to interfere with your life?  1-Yes  0-No
  - **If "Yes", specify in comments.**
  - A chronic medical condition is a serious physical condition that requires regular care, (i.e., medication, dietary restriction) preventing full advantage of their abilities.
  
- M4. Are you taking any prescribed medication on a regular basis for a physical problem?  1-Yes  0-No
  - **If "Yes", specify in comments.**
  - Medication prescribed by a M.D. 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. Do you receive a pension for a physical disability?  1-Yes  0-No
  - **If "Yes", specify in comments.**
  - Include Worker's Compensation, exclude psychiatric disability.
  
- M6. How many days have you experienced medical problems in the past 30 days? 

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  - Do not include ailments directly caused by drugs/alcohol.
  - Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of the liver, abscesses from needles, etc.).

**For questions M7 & M8, please ask patient to use the Patient's Rating Scale.**

- M7. How troubled or bothered have you been by these medical problems in the past 30 days? ⓪ ① ② ③ ④
  - Restrict response to problem days of question M6.
  
- M8. How important to you *now* is treatment for these medical problems? ⓪ ① ② ③ ④
  - Refers to the need for **new** or **additional** medical treatment by the patient.

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

- M10. Patient's misrepresentation?  1-Yes  0-No
- M11. Patient's inability to understand?  1-Yes  0-No

**Please PRINT CLEARLY**

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A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z



# EMPLOYMENT/SUPPORT STATUS (continued)



22325

SerialNumber:

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Site:	Name Code:	ID Number:	Date of Assessment:	(mm/dd/yyyy)																								
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For questions E12-17: **How much money did you receive from the following sources in the past 30 days?**

- E12. Employment: \$ 




  - Net or "take home" pay, include any "under the table" money.
- E13. Unemployment compensation: \$
- E14. Welfare: \$ 




  - Include food stamps, transportation money provided by an agency to go to and from treatment.
- E15. Pensions, benefits, or social security: \$ 




  - Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation.
- E16. Mate, family or friends: \$ 




  - Money for personal expenses, (i.e., clothing), include unreliable sources of income (e.g., gambling). Record **cash** payments only, include windfalls (unexpected), money from loans, gambling, inheritance, tax returns, etc.).
- E17. Illegal \$ 




  - **Cash** obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc. **Do not** attempt to convert drugs exchanged to a dollar value.
- E18. How many people depend on you for the majority of their food, shelter, etc.? 




  - Must be regularly depending on patient, do include alimony/child support, do not include the patient or self-supporting spouse, etc.
- E19. How many days have you experienced employment problems in the past 30? 




  - Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized.

Comments:

**For question E20-21, please ask patient to use the Patient's Rating Scale.**

- E20. How troubled or bothered have you been by these employment problems in the past 30 days? ① ② ③ ④
  - If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems.
- E21. How important to you *now* is counseling for these employment problems? ① ② ③ ④
  - The patients rating in question E20-21 refer to question E19.
  - Stress help in finding or preparing for a job, not giving them a job.

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

- E23. Patient's misrepresentation? ○ 1-Yes ○ 0-No
- E24. Patient's inability to understand? ○ 1-Yes ○ 0-No

# ALCOHOL/DRUGS



22325

SerialNumber:

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<b>Site:</b>	<b>Name Code:</b>	<b>ID Number:</b>	<b>Date of Assessment:</b> (mm/dd/yyyy)
			/   /

	Past 30		Lifetime use	
	A-Days	B-Years		
D1. Alcohol - (any use at all)	<input type="text"/>	<input type="text"/>		
D2. Alcohol - (to intoxication)	<input type="text"/>	<input type="text"/>		
D3. Heroin	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D4. Methadone	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D5. Other opiates/analgesics	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D6. Barbiturates	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D7. Other sed/hyp/tranq.	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D8. Cocaine	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D9. Amphetamines	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D10. Cannabis	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D11. Hallucinogens	<input type="text"/>	<input type="text"/>	<input type="radio"/> Oral <input type="radio"/> Nasal <input type="radio"/> Smoke	<input type="radio"/> Non IV <input type="radio"/> IV
D12. Inhalants	<input type="text"/>	<input type="text"/>	<input type="radio"/> Nasal	
D13. More than one substance per day (including alcohol).	<input type="text"/>	<input type="text"/>		

**Route of administration:**  
 1-Oral  
 2-Nasal  
 3-Smoking  
 4-Non IV injection  
 5-IV injection

*Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.*

Comments:

**SERIAL number on this page should match number on page 1**

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

# Alcohol/Drugs (continued)



22325

SerialNumber:

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Site:	Name Code:	ID Number:	Date of Assessment:	(mm/dd/yyyy)

D17. How many times have you had Alcohol DT's?  
 • **Delirium Tremens** (DT's): Occur 24-48 hours after last drink, or significant decrease in alcohol intake. Characterized by shaking, severe disorientation, fever, hallucinations, they usually require medical attention.

--	--

Comments:

\* D19. How many times in your life have you been treated for:  
 Alcohol abuse

--	--

\* D20. Drug abuse  
 • Include detoxification, halfway houses, in/outpatient counseling and AA or NA (if 3+ meetings within one month period)

--	--

How many of these were detox only:  
 D21. Alcohol?

--	--

D22. Drugs?  
 • If D19="00", then question D21 is "NN"  
 If D20="00", then question D22 is "NN"

--	--

How much money would you say you spent during the past 30 days on:  
 D23. Alcohol

\$

--	--	--	--	--

D24. Drugs  
 • Only count actual **money** spent. What is the financial burden caused by drugs/alcohol?

\$

--	--	--	--	--

D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days?  
 • Include AA/NA

--	--

**For questions D28-31, please ask patient to use the Patient's Rating Scale. The patient is rating the need for additional substance abuse treatment.**

D26. How many days in the past 30 have you experienced alcohol problems?

--	--

D28. How troubled or bothered have you been the past 30 days by these alcohol problems? ① ② ③ ④

D30. How important to you *now* is treatment for these alcohol problems? ① ② ③ ④

D27. How many days in the past 30 have you experienced drug problems?  
 • Include only: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to.

--	--

D29. How troubled or bothered have you been in the past 30 days by these drug problems? ① ② ③ ④

D31. How important to you *now* is treatment for these drug problems? ① ② ③ ④

**CONFIDENCE RATINGS**

Is the above information **significantly** distorted by:

D34. Patient's misrepresentation?  1-Yes  0-No

D35. Patient's inability to understand?  1-Yes  0-No

# LEGAL STATUS



22325

SerialNumber:

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<b>Site:</b>	<b>Name Code:</b>	<b>ID Number:</b>	<b>Date of Assessment:</b> (mm/dd/yyyy)
			/   /

L1. Was this admission  1-Yes  0-No prompted or suggested by the criminal justice system?  
 • judge, probation/parole officer, etc.

L2. Are you on probation  1-Yes  0-No or parole?  
 • Note duration and level in comments.

Comments:

**How many times in your life \* have you been arrested and charged with the following:**

- \* L3. Shoplifting/vandalism
- \* L4. Parole/probation violations
- \* L5. Drug charges
- \* L6. Forgery
- \* L7. Weapons offense
- \* L8. Burglary/larceny/B&E
- \* L9. Robbery
- \* L10. Assault
- \* L11. Arson

Include total number of counts, not just convictions. Do not include juvenile (pre-age 18) crimes, unless they were charged as an adult.  
  
Include formal charges only.

Please PRINT CLEARLY

1	2	3	4	5	6	7	8	9	0
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A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z



# LEGAL STATUS (continued)



22325

SerialNumber:

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Site:	Name Code:	ID Number:	Date of Assessment:	
(mm/dd/yyyy)				
[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ][ ]	[ ][ ] / [ ][ ] / [ ][ ][ ][ ]	

- \* (L12.) Rape [ ][ ]
- \* (L13.) Homicide/manslaughter [ ][ ]
- \* (L14.) Prostitution [ ][ ]
- \* (L15.) Contempt of court [ ][ ]
- \* (L16.) Other: \_\_\_\_\_ [ ][ ]
- \* (L17.) How many of these charges resulted in convictions? [ ][ ]
  - If L3-16="00", then question L17="NN".
  - Do not include misdemeanor offenses from questions L18-20 below.
  - Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas.

Comments:

**How many times in your life have you been charged with the following:**

- \* (L18.) Disorderly conduct, vagrancy, public intoxication [ ][ ]
- \* (L19.) Driving while intoxicated [ ][ ]
- \* (L20.) Major driving violations
  - Moving violations: speeding, reckless driving, no license, etc.[ ][ ]
- \* (L21.) How many months were you incarcerated in your life? [ ][ ] Mos.
  - If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated.

**Please  
PRINT CLEARLY**

1	2	3	4	5	6	7	8	9	0
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A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z



22325

# LEGAL STATUS (continued)

SerialNumber:

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<b>Site:</b>	<b>Name Code:</b>	<b>ID Number:</b>	<b>Date of Assessment:</b> (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

L24. Are you presently awaiting charges, trial or sentence?  1-Yes  0-No

- L25. What for? (If multiple charges, use most severe.)
- Refers to question L24. If more than one, choose most severe.
  - Don't include civil cases, unless a criminal offense is involved.
- 03-Shoplift     08-Burglary     13-Homicide     19-DWI  
 04-Prob. viol.     09-Robbery     14-Prostitution     20-Major driving violation  
 05-Drug     10-Assault     15-Contempt  
 06-Forgery     11-Arson     16-Other  
 07-Weapons     12-Rape     18-Disorderly conduct

L26. How many days in the past 30 were you detained or incarcerated?   
 • Include being arrested and released on the same day.

L27. How many days in the past 30 have you engaged in illegal activities for profit?   
 • Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross checked with question E17 under Employment/Family Support section.

**For questions L28 & 29, please ask patient to use the Patient's Rating Scale**

L28. How serious do you feel your present legal problems are?  0  1  2  3  4  
 • Exclude civil problems.

L29. How important to you *now* is counseling or referral for these legal problems?  0  1  2  3  4  
 • Patient is rating a need for additional referral to legal counsel for defense against criminal charges.

**CONFIDENCE RATINGS**  
**Is the above information significantly distorted by:**

- L31. Patient's misrepresentation?  1-Yes  0-No
- L32. Patient's inability to understand?  1-Yes  0-No

Comments:

Please PRINT CLEARLY

1	2	3	4	5	6	7	8	9	0
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