

ADDICTION SEVERITY INDEX

Revised User's Guide

North Dakota State Adaptation for Use With Native Americans

Designed With Consideration for
Native American Cultural and
Ceremonial Practices

Revised and adapted from the ASI User's Guide by

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How to use this manual...

This user's guide provides in-depth instructions on asking each question on the ASI. We consider the ASI a guide to a conversation. It is quite simply a set of questions you may find useful in gathering information about your patients. We hope that you use this information to create an individual treatment plan for each patient. This manual provides you with some or all of the following references for each item on the revised ASI 5th edition:

Intent/Key Points: This information section describes why the questions in this particular section were originally included on the ASI. Sometimes, the reasons are easy to understand. Regardless, understanding the original intent can help you to use the appropriate judgment about how to code a response. The original intent of the questions form the basis for the conventions that we have adopted and recorded in the **Coding Issues** section.

Suggested Interviewing Techniques: We recognize that many patients entering treatment may find it tiresome to answer numerous questions. In this section, we offer what we feel are the most efficient ways to phrase each question. It has been our experience that patients are more open to answering questions if they are posed in a direct, non-confrontational manner. In many cases, we recommend that the interviewer simply read the question off the page as written. In other cases, we offer examples of effective ways to paraphrase the question. We hope that the information in this section helps you to help the patient give you the information you want.

Additional Probes: A probe is a question that does not appear on the ASI. The probe may provide information that helps you to understand the patient's problems more fully. The ASI has been recognized by its creators as the minimum number of questions one would need to begin a treatment plan. Within this section, we offer some additional probes that you may want to ask following each question. Sometimes, asking many probes in the first part of the problem section helps the interview to flow more naturally.

Coding Issues: Coding is the term used to describe the act of recording the information you receive from the patient into the boxes provided for you, using a numerical "code." Although we have been doing ASI interviews for more than 20 years, nearly every day we encounter a new situation that is difficult to code, given the choices listed on the ASI. For each question or set of questions, we offer some solutions for coding issues that have arisen at our facility. This should **not** be considered a complete list of all the potential coding issues that could arise in other populations. Additionally, it should be noted that more questions will arise with this newer, adapted version of the ASI for use with native Americans in North Dakota.

Cross-checks: Similar bits of information are gathered in several sections of the ASI. An alert interviewer can use these internal cross-checks to verify information with the patient throughout the interview. For some items on the ASI, we provide a list of a few other items that are related to it within the interview.

General Information

A note on the sequencing of questions – You will notice that the ASI questions are not in numerical order within the sections. For example, in the drug and alcohol section, the questions numbered D36 and D40 will follow questions numbered D21 and D22. This is common throughout the instrument and is due to the number of modifications made on the ASI instrument and the desire to maintain the numbering on original ASI questions regardless of the version being used.

When new questions are inserted into the ASI 5th Edition, the numbering for these questions will start with the last utilized number in that section even though the question may be placed anywhere within the document. With this procedure, original ASI questions will always retain the same question number, and can be readily analyzed across the versions.

Cover Page - On the cover page, we have provided interviewer instructions, how to introduce the ASI to the client, and some drug and alcohol specific guidelines as well as a list of commonly used drugs.

NOTE: It is important to differentiate items that are not applicable to the patient (which should be coded as "N"), from items that the patient cannot understand or will not answer (which should be coded as "X.") **Please code all items.**

General Information

Demographic Questions: This series of items was designed to provide administrative information. Many facilities may wish to change this section to collect necessary local information regarding insurance coverage, particular program codes, referral arrangements, case manager assignments, etc. This is entirely appropriate and even completely different face sheets may be used. Additions or changes to these items should be made freely as needed to reflect the administrative needs of your facility.

G1. Identification Number: A chart number or unique identifier may be used.

G2. Social Security Number: Enter patient's social security number here.

G4. Date of Admission: Enter the date of admission of this current treatment episode as month – day – year. If you do not know when the patient will enter treatment, enter “xx xx xx”.

G5. Date of Interview: Enter the date you completed the ASI as month – day – year.

G8. Class: Enter “1” if you are conducting an “intake” or “baseline” ASI. Most ASI's fall in this category. Enter “2” if you are conducting a “follow-up” ASI. These are conducted for outcome studies.

G9. Contact Code: Enter a “1” if you are conducting this interview in person. All intake ASIs must be done in person. Enter a “2” if this is being completed over the phone.

G10. Gender: Enter “1” if the patient is male, “2” if the patient is female.

G11. Interviewer Code Number: Your supervisor may ask you to enter an assigned interviewer code number, or place your initials in these boxes.

G12. Special: This box is coded “N” if the ASI interview is completed. If you cannot complete the interview; code a “1” in this box if you decided to end the interview, “2” if the patient refused to complete the interview, and a “3” if the patient was unable to respond due to severe withdrawal symptoms, psychiatric symptoms, intellectual limitations or language barrier.

Name & Address: Enter the patient's full name and current address. This is usually the address the patient will return to after treatment. If the patient is homeless, enter their most recent address.

G14. How long have you lived at this address: Enter the length of time at this current address as years – months. This information is used to evaluate the stability of the patient's living situation.

Severity Profile: If you want to enter the severity ratings for the seven sections upon completing the ASI, a table is provided for your convenience.

G15. Is this residence owned by you or your family? Enter “0=No” if the address is not owned by the patient or any family member. Enter “1=Yes” if this address is owned by the patient or a family member. This question is used to help evaluate the stability of the patient's living situation.

G35. Is this located on a reservation? Enter “0=No” if the address listed is not on a reservation, or “1=Yes” if the address is on a reservation.

G16. Date of Birth: Enter date of birth as month – day – year. The patient's age will be an important reference in gathering data in the upcoming ASI sections.

G29. What tribe(s) do you consider yourself part of? (Specify) Write in the tribe or tribes the patient considers him/herself part of. Note which tribe considered primary if necessary.

G36. Are you enrolled? Enter “0=No” if the patient is not enrolled in any tribe. Enter “1=Yes” if the patient is officially enrolled in a particular tribe, and specify the name of the tribe.

G18. Do you have a religious or spiritual preference? Enter the corresponding code if the patient reports having a religious or spiritual preference. This does not apply simply to the environment in which the patient was raised, but should reflect the actual current preference of the patient. Note that options of Jewish or Islamic preferences were maintained from the original ASI. This allows for all coding to be consistent.

1. Protestant
2. Catholic
3. Jewish
4. Islamic
5. None
6. Other
7. Native American Spiritual Practices (sundance ceremonies, sweatlodges, etc.)
8. Native American Churches

G30. Are you currently practicing this religious or spiritual preference? Enter “0=No” if the patient is not practicing their preferred religion. Enter “1=Yes” if the patient is practicing their religion.

G19. Have you been in a controlled environment in the past 30 days?

G20. How many days?

Intent/Key Points: The intent of these questions is to evaluate the patient’s access to drugs or alcohol in the past 30 days. A controlled environment will refer to a living situation in which the subject was restricted in his freedom of movement and his access to alcohol and drugs. This is usually residential status in a treatment setting or penal institution. A halfway house is generally NOT a controlled environment.

Suggested Interviewing Technique: Read the question as written. Providing the patient with examples can help them to understand what you mean by the term "controlled environment."

"Mr. Smith, in the past 30 days, have you spent any time in a controlled environment...a lock-up situation like a jail...or a detox program...or a medical hospital...any place where you may not have been able to get drugs and alcohol as easily as in your neighborhood?"

Coding Issues:

If the subject was in two types of controlled environments, enter the number corresponding to the environment in which he/she spent the majority of time, code Item G19 to reflect the total time in all settings.

If response to Item G19 is "1," enter "N" for Item G20.

Cross-check this item with:

1. All items that include information about the past 30 days. For example, if the patient has been in a controlled environment for 25 out of the 30 days, s/he generally wouldn’t have used drugs or alcohol on more than 5 days. If the patient reports using on days s/he was in a controlled environment, record a comment that explains the details.

2. Items within various sections that will be reflected by this coding. For example, if the patient reports that he or she has been incarcerated for the last 6 months, the same information should appear in the legal section.

G21 – G28. Additional Test Results: These boxes are provided for your convenience, if you want to enter results from any tests or assessments you have completed with the patient.

Medical Status

The medical status section of the ASI helps you to gather some basic information about your patient's medical history. It addresses information about lifetime hospitalizations, long-term medical problems, and recent physical ailments. We recommend that you add questions that consider relevant to your patient's treatment plan.

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

Intent/Key Points: To record basic information about the patient's medical history. Enter the number of overnight hospitalizations for medical problems. Also, include hospitalizations for drug overdoses and delirium tremens but exclude detoxification or other forms of alcohol, drug, or psychiatric treatment.

Suggested Interviewing Techniques: Because this is the first section of the interview, the patient may be prepared to tell you about psychiatric hospitalizations or treatments for drug detoxification, rather than hospitalizations for medical problems. If this happens, we recommend that you support his eagerness to tell you about drug-related problems, suggest that he remind you about those problems when you get to the drug/alcohol section, and direct him back to the medical status section. Providing examples of physical problems may help you to reinforce the message that you are interested in **medical** hospitalizations.

"Mr. Smith, I understand that you may want to tell me about drug detoxes. I appreciate that. Remind me about those when we get to the drug/alcohol section. Right now, however, I need to record a little bit of information about your medical history. How many times in your life have you been hospitalized overnight for physical medical problems, like to mend a broken bone or to get your tonsils out...?"

Note: Don't record a patient's estimate that seems to be offered without much thought, such as "I've been in the hospital probably about five or six times." Instead, ask for some of the details (year in which the hospitalization occurred, other events in the patient's life at the time) surrounding each hospitalization. By gathering much information early, through probing, you will more fully understand the patient's situation. This additional information may help you to move through the interview in a more conversational fashion.

Additional Probes:

The approximate age of the patient at each hospitalization
The name of each hospital
The types of medications they received for serious injuries

Coding Issues:

Normal childbirth would NOT be counted since it is not a medical problem resulting from sickness or injury. Complications resulting from childbirth would be counted and noted in the comments section.

Recognize that patients may get treatment for fairly serious medical problems through an emergency room. Do not include treatment received through emergency room visits unless the patient was kept overnight.

Cross-check items with:

Medical Status item # M2 (possibly)

M2. How long ago was your last hospitalization for a physical problem?

Intent/Key Points: To record basic information about the patient's medical history. Enter the number of years and months since the patient was last hospitalized for a medical problem.

Suggested Interviewing Techniques: Ask the question as written unless you can tell from the previous question exactly how long ago his last hospitalization occurred.

"Mr. Smith how **long ago** was your last hospitalization?"

Note: This question is occasionally misread. "How **long** was your last hospitalization?" You want to know how **long ago** was his last hospitalization.

Additional Probes:

The name of each hospital

The types of medications the patient received for serious injuries

Coding Issues:

If the last medical hospitalization occurred within the previous month, code the blocks "00 01."

If the patient was never hospitalized for a medical problem, enter "N."

Cross-check item with:

Medical Status item # M1 (possibly)

M3. Do you have a chronic medical problem that continues to interfere with your life?

Intent/Key Points: A chronic condition is a serious or potentially serious physical or medical condition that requires continuous or regular care on the part of the patient (e.g., the condition involves medication, dietary restrictions, or an inability to take part in or perform normal activities). Some examples of chronic conditions are hypertension, diabetes, epilepsy, and physical handicaps. Focus on and record the presence of a chronic medical problem if the patient needs continued care, *even if the patient has grown accustomed to the care*. For example, a diabetic patient may report that injecting insulin daily doesn't interfere with his or her life because it has become routine. Regardless, you would count the diabetes as a chronic medical problem.

Suggested Interviewing Techniques: Provide examples and emphasize the chronic aspect of the problem. It may help to de-emphasize the problem's "interference with the patient's life" in cases where the patient has accepted the continued care as less of an interference than a daily routine.

"Do you have a chronic medical problem Mr. Smith...like diabetes or high blood pressure or chronic back pain?"

Additional Probes:

Medical doctor's recognition of the problem as chronic
Year when the problem was diagnosed
HIV test status

Coding Issues:

If a patient states that his or her need for reading glasses or minor allergies is a chronic problem, this is a misunderstanding of the question. If the patient does report a valid, chronic problem, comment on the nature of that problem in the space provided.

Cross-check item with:

Medical Status item # M4 (possibly)

M4. Are you taking any prescribed medication on a regular basis for a physical problem?

Intent/Key Points: The purpose of this question is to validate the severity of the disorder by a physician's independent decision to medicate the problem. Therefore, if the medication was prescribed by a legitimate medical professional, for a medical (not psychiatric or substance abuse) condition, it should be counted regardless of whether the patient actually took the medication. Medications prescribed for only short periods of time or for specific temporary conditions (i.e., colds, detoxification) should not be counted. Only the continued need for medication should be counted (e.g., high blood pressure, epilepsy, diabetes, or similar conditions). Do not include medication for psychiatric disorders, these will be recorded later. Include non-traditional medications prescribed by tribal medicine persons.

Suggested Interviewing Techniques: Ask this question as written, including the name of the chronic problem from the previous question, if appropriate.

"Mr. Smith, are you taking any prescribed medication on a regular basis for any medical problem? For example, you mentioned that you have high blood pressure. Are you taking any prescribed medication on a regular basis for the high blood pressure or any other medical problem.?"

Additional Probes:

Dosage of medication

Source of the medication (name of physician, pharmacy)

Compliance

Coding Issues:

Medications for sleep problems are usually temporary and generally fall under the psychiatric section.

Cross-check item with:

Drug /Alcohol grid, items # D1-D13 (possibly)

Medical Status, item #M3, (possibly)

M15. Number of months pregnant?

Intent/Key Points: To evaluate the need for a medical evaluation for pregnancy, or for a more medically based treatment or prenatal care, if pregnant.

Suggested Interviewing Techniques: Ask to female patients only.

"Ms. Smith, is there any chance that you may be pregnant now?"

Additional Probes:

Date of last menstrual period.

Sexual activity without birth control since the last menstrual period?

Coding Issues:

If the patient is unsure, enter "X."

If patient is male, enter "N"

Cross-check item with:

M6. Patient may have had symptoms such as morning sickness, etc.

M5. Do you receive a pension for a physical disability?

Intent/Key Points: The pension must be for a physical (not psychiatric) disability.

Suggested Interviewing Techniques: Ask the question as written, and give examples.

"Mr. Smith, are you receiving a pension for any physical disability from any source such as the VA, social security, or workmen's compensation?"

Additional Probes:

Details of the pension

Details of the medical problem that warranted the pension

Cross-check item with:

Employment/Support item #E15

M16. Have you ever sought medical help from a tribal medicine person?

M17. How many days in the past 30 have you sought help from a tribal medicine person?

Intent/Key Points: To ascertain whether the patient has sought medical help within the Native American culture. Questions M16 could indicate a preference for help from traditional sources. Question M17 would also indicate if this is the patient's current preference or if the patient received recent medical care.

Suggested Interviewing Techniques: Ask the question as written with deference to the patient's description of the provider as a medicine man, medicine person, etc.

Additional Probes: Has the patient sought non-traditional medical help in the past month? Does the patient go to a tribal medicine person regularly? What did the patient seek help for?

Coding Issues: Code only help sought for medical problems.

Cross-check item with:

M6, number of days of problems.

M3 (possible), chronic medical problems.

M6. How many days have you experienced medical problems in the past 30?

Intent/Key Points: Ask the patient how many days in the past 30 he or she has experienced physical/medical problems. Do not include problems directly caused only by alcohol or drugs. This means problems such as hangovers, vomiting, or lack of sleep that would be removed if the patient were abstinent. However, if the patient has developed a continuing medical problem through substance abuse that would not be eliminated simply by abstinence, such as cirrhosis, phlebitis, or pancreatitis, include the days on which he/she experienced these problems. Include symptoms of minor ailments such as a cold or the flu.

Suggested Interviewing Technique: Ask the question as written, and give examples.

Help the patient to understand that you need to record the exact number of days that he or she experienced medical problems. For example, if the patient says that he felt short of breath "some of the time," ask him to tell you the exact number of days that he felt short of breath. Finally, make sure that the shortness of breath was a medical problem unrelated to drug or alcohol use.

"Mr. Smith, how many days have you experienced any medical problems...anything from a cold to the flu to the back pain (or other symptom of a chronic medical problem) which you described earlier?"

Additional Probes:

Identify the exact number of days, describe the problems.

Cross-check item with:

Medical Status items #M7 and #M8

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?

Intent/Key Points: To record the patient's feelings about how bothersome the previously mentioned physical ailments have been in the last month and how interested the person would be in receiving (additional) treatment. Be sure to have the patient restrict his or her response to those problems counted in item M6.

Suggested Interviewing Techniques: When asking the patient to rate the problem, use the problem name rather than the term "problems." For example, if the patient reports having trouble with chest pain in the last 30 days, ask the patient question M7 in the following way:

"Mr. Smith, how troubled or bothered have you been in the past 30 days by the chest pains that you mentioned...or by any other medical problems?"

Ask the patient question M8 in the following way:

"Mr. Smith, how important would it be for you to get (additional) treatment for the chest pains that you mentioned, or for any other medical problems?"

If M6=0, we suggest that you ask questions M7 and M8 in the following way, to double-check that the patient really hasn't had problems.

"So, Mr. Smith, it sounds like you haven't had any medical problems in the past 30 days...may I assume that you haven't been bothered by any medical problems...?"

Coding Issues:

For item M8, emphasize that you mean additional medical treatment for those problems specified in Item M6.

Cross-check item with:

Medical status, number M6. If Medical Status question M6 equals 0, then items M7 and M8 must equal 0 also. You can't rate the extent to which a non-existent problem is bothersome.

M9. Medical Status Interviewer Severity Rating

How would you rate the patient's need for medical treatment?

Remember the two-step derivation method for severity ratings:

Step 1: Reduce the ten point scale (0-9) to two or three points, using only the objective items (Items 1-6 in the Medical Status section).

- 0-1 No problem, treatment not necessary
- 2-3 Slight problem, treatment probably not necessary
- 4-5 Moderate problem, treatment probably necessary
- 6-7 Considerable problem, treatment necessary
- 8-9 Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the following critical objective items of the section.

Critical Objective Items of the Medical Section

ITEMDESCRIPTION

1	Lifetime hospitalizations
3	Chronic problems

Step 2: Factor in the patient's rating scale. Pick the score that represents the patient's rating scale. For example, if the interviewer's selected three-point range is 4-5-6, and the patient reports that he has been *extremely* (rates it a "4") bothered and he would be *extremely* (rates it a "4") interested in treatment for medical problems, then select the highest point of the three-point range (in this case, a "6") for the severity rating in this section.

The meaning of the "6" severity rating is that treatment is necessary for the medical section. The severity rating for this section should have no effect on any other sections.

In many cases, patients suffer from conditions that may only be arrested and, at least for now, cannot be cured (e.g., diabetes, hypertension, epilepsy, etc.). If the patient seems to be taking appropriate care of his or her condition (medication, proper diet, etc.) and it is under control, there may be no need for an additional form or type of treatment beyond the regimen he or she is currently receiving. This patient's severity rating may be low since additional treatment is probably not necessary.

If the condition is serious and problematic, it should be rated as severe even if there is currently no effective treatment for that condition.

Confidence Ratings. “Is the above information significantly distorted by:

M10. Patient’s Misrepresentation?

M11. Patient’s inability to understand?

Intent/Key Points:

The judgement of the interviewer is important in deciding the veracity of the patient’s statements and his/her ability to understand the nature and intent of the interview. A code of “yes” cannot be the result of “a hunch” on the part of the interviewer, but rather this determination should be based on observations of the patient’s responses following probing and inquiry when contradictory information has been presented or information that has already been supplied in the record.

These questions are not to be used as “denial meters”. Even when the worker is aware of inconsistencies in client’s responses this does not automatically mean a “yes” answer will be recorded to these questions. The “operant” phrase here is “Significantly Distorted”. If the entire section is not “significantly distorted by a couple of misrepresentations and or an inability to understand then you would select a “NO” response.

Coding Issues:

Whenever a “yes” response is coded, the interviewer should record a brief explanation in the “comments section”.

Cross-check item with:

Confidence ratings in other sections. If too many sections are endorsed, the interviewer may want to terminate the interview.

NOTE: It is the responsibility of the interviewer to monitor the consistency of information provided by the patient throughout the interview. It is not acceptable to simply record what is reported. Where inconsistencies are noted the interviewer must probe for further information and attempt to reconcile conflicting reports.

Employment/Support Status

Introduction

The Employment/Support Status section of the ASI is designed to help you to gather some basic information about the resources your patient can record on a job application, as well as his or her current sources of income. Clients may be hesitant to disclose information about illegally receiving money from two sources. For example, patients may be working while receiving unemployment benefits. They may feel unsure about whether or not you can be trusted to keep information confidential. For this reason, we recommend that before you list the possible sources of income (questions 12-17), you **reinforce the assurance that any information given during the interview remains within the treatment program.**

E1. Education completed?

Intent/Key Points: To record basic information about the patient's formal education. Enter the number of years and months of completed formal education. A Graduate Equivalence Diploma (GED) will be entered as "12," but should be noted. Correspondence school will not be entered here.

Suggested Interviewing Techniques: Ask the question as written. However, don't forget to ask whether the patient received his or her GED. Sometimes, patients earn their GED while incarcerated.

"Mr. Smith, how many years of education have you completed?"

Additional Probes:

College major (if applicable)

Name of high school or college

Coding Issues:

If a patient received an associate's degree, record 14 00; a bachelor's degree 16 00; a master's degree 18 00; or a doctorate 20 00.

E27. Education completed in:

BIA Boarding Schools (on your reservation)

BIA Boarding Schools (not on your reservation)

Tribal Boarding Schools

Church/Mission Boarding Schools

Non-boarding schooling, on reservation

Intent/Key Points: To record information about education received outside traditional public or private school systems. Enter the number of years and months of completed education in each area. Areas covered were suggested by a panel of reviewers of the ASI adapted for use with Native Americans, and include Bureau of Indian Affairs Boarding Schools, Tribal Boarding Schools, Church/Mission Boarding Schools, and education on the reservation.

Suggested Interviewing Techniques: Ask the questions as written.

Additional Probes:

Name and location of school.

Coding Issues:

Years and Months of education received should only be counted in one type of setting.

E2. Training or technical education completed

E3. Do you have a profession, trade or skill?

Intent/Key Points: For item #2, record basic information about the patient's formal technical education or training that could be listed on a job application. Enter the number of months of formal or organized training that the patient has completed. Try to determine whether this is valid training, such as a legitimate training program or an apprenticeship through a recognized on-the-job training program. If the patient answers "Yes" to item #E3, note what his or her trade is. Generally, a trade will be counted as any employable, transferable skill that was acquired through specialized training or education.

Suggested Interviewing Techniques: It may be helpful to ask three separate questions. The first question identifies whether the patient has ever received any formal technical training.

"Mr. Smith, have you ever received any job training through a formal on-the-job training program or a training school like (name of local training school)."

The second question addresses the length of the course.

"How long did that course take to complete?"

Finally, the third question (item #E3) identifies the patient's profession, trade or skill. The response to item #E3 will not always coincide with the response to item #E2 (for example, a school teacher who has been trained in carpentry).

"Do you have a profession, trade or skill?"

Additional Probes:

The name of the training institute

Information about programs that the patient started, but didn't finish

Information about the patient's skills that were acquired without a formal training program

Coding Issues:

Judgment should be used in recording training during military service. Count this training only if it has potential use in civilian life and is designed to give the patient a marketable skill or trade. That is, cook, heavy equipment operation, equipment repair will be counted; infantry training or demolition training generally will not be counted.

E4. Do you have a valid driver's license?

E5. Do you have an automobile available for your use?

Intent/Key points: This item (and item #E5) provides an indication of the patient's opportunity to become employed, since many jobs require driving while at work or at least the ability to get to work in places where public transportation is not available. A valid driver's license is a license that has not expired or been suspended or revoked. Item #E5 does not necessarily require vehicle ownership but does require availability on a regular basis for personal transportation. Items # E4 and E5 are to be used as indicators of the patient's ability to get to and from work.

Suggested Interviewing Techniques: Ask these questions as written. It has been our experience that some patients have a difficult time answering these questions in a direct way. They may attempt to qualify their answers. For example, they may say, "My license should be valid, but I just have to take care of some tickets." Record that the patient has no license and code item #E5 with a "0" also.

"Mr. Smith, do you have a valid driver's license?"

"Do you have an automobile available for your use, if you needed it to get to work every day?"

"Are any other forms of transportation available to you?"

Additional Probes:

Reason for the license being invalid

Coding Issues:

If the patient has no valid driver's license, please code item #E5 with a "0," rather than an "N."

Cross-check item with:

Legal Status, item # L19 & L20 (possibly)

E6. How long was your longest full-time job?

Intent/Key points: To record basic information about the patient's work history. Stress that you are interested in the full time job the subject held for the longest time, not a part-time job.

Suggested Interviewing Techniques: Ask the questions as written. Emphasize "full-time."

"Mr. Smith, How long was your longest full-time job?"

If the patient has a difficult time answering this question as stated, it may be helpful to gather information about the patient's current job status and work backwards in time, recording information about all of his or her full-time jobs. Although it may seem as if you are doing extra work, the information will help you answer item #E10 (usual employment pattern, past 3 years).

"So, Mr. Smith are you currently working? How long have you been working at this job? What were you doing before this job? How long were you working at that job?" and so on...

Additional Probes:

Names of places where the patient worked
Job position title
Reasons for leaving jobs
Years that the patient worked at each job
Information about part-time jobs

Coding Issues:

Employment while in military service will be counted only when it is beyond the subject's original enlistment period.

Cross-check item with:

Employment item # E10 (possibly)

E8. Does someone contribute to your support in any way?

E9. Does this constitute the majority of your support?

Intent/Key points: To record information about additional sources of financial support. Ascertain whether the patient is receiving any regular support in the form of cash, housing, or food from a friend or family member, not an institution. A spouse's contribution to the household is included.

Suggested Interviewing Techniques: Ask the question as written, and give examples. Stress that you mean financial support. Help the patient to understand that financial support can mean housing and food, as well as cash.

"Mr. Smith, is anyone currently contributing to your support? For example, is anyone allowing you to stay with them? Is anyone putting money toward your bills? Does your wife work?"

"Is the support that you are receiving the majority of your support?"

Note: Clients who are living with their parents may get defensive if you ask them directly about whether their parents are helping them financially. There is no need to press them to admit that their parents are helping them. You already have information about their current address (see "Current Address" on front page). If they report that they aren't paying any room and board, you may code item #E8 as "yes" (with a "1"). You might consider asking, "Are you receiving money from any source other than your parents?" If the answer is no, you may code Item #E9 "Yes" (with a "1,") also.

Coding Issues:

If the information from items # E12 to E17 does not confirm the initial response from items # E8 and E9, then clarify any discrepancy.

Code item E9 with an "N" if the answer to item E8 was "No."

Record information only about financial support from individuals...not institutions, such as the Department of Public Assistance.

Cross-check item with:

Employment/Support items #s E12-E17 (support)

E10. Usual employment pattern, past 3 years

Intent/Key Points: The interviewer should determine which choice is most representative of the past 3 years, not simply the most recent. Full-time work (including under-the-table jobs) is defined as regular and greater than 35 hours per week. Regular part-time work is a job in which the patient has a work schedule less than 35 hours per week but it is regular and sustained. Irregular part-time work refers to jobs in which the patient works on a part-time basis but does not work on a reliable schedule. When there are equal times for more than one category, record the answer that best represents the current situation.

Suggested Interviewing Techniques: It may take a series of questions to get the correct response to this item. Depending on the patient, you might consider beginning by asking about the person's current work situation and work backward in time. Other patients find it easier to think back to what they were doing 3 years ago and work forward.

If you know the person is employed:

"Is your current job full-time? How long have you held this job?"

What kind of work did you do before this job? Was that job full-time?"

If you know the person is unemployed:

"How long have you been unemployed? What were you doing in your previous job?"

How long did you hold that job? Was it a full-time or part-time job?"

Regardless, the information that you finally record will represent the patient's employment pattern during *most* of the past 3 years.

Additional Probes:

Names of work places

Amount of overtime

Coding Issues:

Record the code that corresponds to the pattern that the patient held during the greatest part of the past 3 years. For example, you would code this item, "1" for a patient who worked full-time for 2 of the last 3 years, even if the patient had not worked for the past year.

If the patient has been employed for the past 1 ½ years after being unemployed for 1 ½ years, record that the patient was "usually" employed (although the periods of employment and unemployment were equal, the period of employment is the most recent).

Cross-check item with:

Employment/Support # E6 (possibly)

E11. How many days were you paid for working in the past 30?

Intent/Key Points: To record basic information about the person's current work situation. Record the number of days in which the patient was paid (or will be paid) for working. Jobs held in a prison or in a hospital are not counted. "Under-the-table" jobs are included. Paid sick days and vacation days are included here.

Suggested Interviewing Techniques: Ask the question as written. Emphasize that you're interested in "under-the-table" work also. Often patients report that they were paid for working "every day." The interviewer must clarify whether the patient worked a 5-day week (code 20), or a 6-day week (code 24). Ask for the exact number of days worked this month.

"Mr. Smith, how many days were you paid for working, including under-the-table work, in the past 30?"

Additional Probes:

Name of employer

Explanation for days of work missed

Days of overtime

Coding Issues:

A 5-day work week will generally be coded as "20" days of work (20 days for 4 weeks of work) and a 6-day work week will be coded as "24" days (24 days for 4 weeks of work).

Cross-check item with:

Employment/Support # E10 (possibly)

E12-17 and E28. How much money did you receive from the following sources in the past 30 days?

Intent/Key Points:

E12. Employment: This is net or take-home pay. Also include pay for under-the-table work.

E13. Unemployment compensation: Self-explanatory.

E14. DPA: This refers to public assistance or welfare. Include the dollar amount of food stamps here as well as transportation money provided by an agency to assist the patient in getting to and from treatments.

E15. Pension, Benefits or Social Security: This includes pensions for disability or retirement, veteran's benefits, "SSI", and workman's compensation.

E16. Mate, Family or Friends: The purpose of this question is to determine how much additional pocket money the patient had during the past 30 days, not to determine whether he/she was supported with food, clothing, and shelter. Record only money borrowed or received from one's mate, family or friends. These refer only to cash payments given to the patient and not to an estimated value of housing and food provided. (This was assessed in items E8 and E9.)

Do not simply record the earnings of a spouse in this item, record only the dollars actually given to the patient.

E17. Illegal: This includes any money obtained illegally from drug dealing, stealing, "fencing" stolen goods, illicit gambling, or similar sources. If the patient has received drugs in exchange for illegal activity, do not attempt to convert this to a dollar value. Simply note this in the comment sections here and in the legal section. Again, the focus is on money available to the patient, not on an estimate of the patient's net worth.

E28. Government payment for land/land lease: Native Americans may receive money from the government for use of their land. Record this amount here if money was received in the past month. If the payment is made once each year, and covers 12 months of payments, record the total amount here if it was received in the past month.

Suggested Interviewing Techniques: Read the questions as written, and give examples for each item.

" Mr. Smith how much money did you receive from employment in the past 30 days?"

Additional Probes:

Information about bartering.

Coding Issues:

Include under "Mate, family or friends" any coincidental or windfall income from licit gambling, loans, inheritance, tax returns, or any other unreliable source of income.

Crosscheck item with:

Employment/Support status, items E8 and E9

Drug/Alcohol item # D20.

E18. How many people depend on you for the majority of their food, shelter, etc.?

Intent/Key Points: Stress that these people must regularly depend upon the patient for financial support. These are not simply people to whom the patient has occasionally given money. Do not include the patient himself or a spouse who is self-supporting. Do include dependents who are normally supported by the patient but, due to unusual circumstances, have not received support recently. Alimony and child support payments are included to indicate persons depending on the patient, if appropriate.

Suggested Interviewing Techniques: Read question as written, and give examples.

"Mr. Smith, how many people depend on you for the majority of their food or shelter? For example, are any children living with you who depend on you to buy their food for them?"

Additional Probes:

Is the money taken out of your check?

Crosscheck the item with:

Other items that refer to children or other dependents.

E19. How many days have you experienced employment problems in the past 30?

Intent/Key points: Include the patient's inability to find work (only if patient has tried), or problems with present employment (if employment is in jeopardy or unsatisfactory).

Suggested Interviewing Techniques: The way you ask this question depends on the information that you have about the patient so far. If the patient is working, it is appropriate to ask the question as written, and give examples.

"Mr. Smith, how many days have you had employment problems in the past 30? For example, have you been put on probation at work for any reason?"

If the patient *has not* worked in the past 30 days, you should ask a preliminary question, which is not coded.

"Have you actively looked for work in the past 30 days?"

If the answer is "yes," ask how many days the patient actively looked for work. Record that response in item # E19 and ask items # E20 and # E21. Refer to the number of days the patient couldn't find work as employment problems.

Additional Probes:

Nature of employment problems

Coding Issues:

It is important to distinguish between whether the problems reported here are simply interpersonal problems on the job (e.g., can't get along with certain members of the work force) or if the problems are entirely due to alcohol/drug use. Problems such as the latter would most likely be counted under the Family/Social or the Alcohol/Drug section, rather than in this section.

Do not include problems in "finding a job" that are directly related only to the patient's substance abuse, such as withdrawal or hangover.

Do not include bad feelings about the prospects for employment or the wish to make more money or change jobs, unless the patient has actively attempted these changes and has been frustrated.

In a situation where the patient has not had the opportunity to work, because of incarceration or some other controlled environment, it is, by definition, not possible for him or her to have had employment problems. In such situations where the patient has not had the opportunity to meet the definition of a problem day, the appropriate answer is an "N" and the patient ratings that follow should also be "N's" since they depend on the problem days question.

E20. How troubled or bothered have you been by these employment problems in the past 30 days?

E21. How important is it for you to get employment counseling?

Intent/Key Points: These ratings are restricted to those problems identified by item E19. For item E21, stress that you mean help finding or preparing for a job, not giving them a job.

Suggested Interviewing Techniques: The way you ask this question depends on the information that you have about the patient so far.

In item # E19, if the patient identified either a problem on the job or a problem finding a job after actively looking for one, ask questions E20 and E21 as follows:

"Mr. Smith, how troubled or bothered have you been by the employment problems that you had in the past 30 days, such as the time you spent on work probation?"

If the patient reported in Item # E19 that he or she has not worked in the past 30 days, you should code # E20, "0" without asking it. We assume that if the patient has not actively looked for work in the past month, he or she has not been bothered by employment problems. The interviewer should still ask # E21 in the following way:

"Mr. Smith, how important would it be for you to get employment counseling?"

Additional Probes:

Job Sources contacted by the patient

Coding Issues:

In a situation where the patient has not had the opportunity to work, because of incarceration or some other controlled environment, it is, by definition, not possible for him or her to have had employment problems. In such situations where the patient has not had the opportunity to meet the definition of a problem day, the appropriate answer is an "N".

Cross-check item with:

Employment/Support item # E19

E22. Employment/Support Interviewer Severity Rating: How would you rate the patient's need for employment counseling?

Remember the two step derivation method for severity ratings:

Step 1: Reduce the 10 point scale (0-9) to two or three points, using only the objective items (Items 1-19 in the Employment/Support Status).

- 0-1 No problem, treatment not necessary
- 2-3 Slight problem, treatment probably not necessary
- 4-5 Moderate problem, treatment probably necessary
- 6-7 Considerable problem, treatment necessary
- 8-9 Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the following critical objective items of the section.

Critical Objective Items of the Employment/Support Section

ITEMDESCRIPTION

1 and 2	Education and training
3	Skills
6	Longest full-time job
10	Recent employment pattern

Step 2: Factor in the patient's rating scale. Pick the score that represents the patient's rating scale. For example, if the interviewer's selected three-point range is 1-2-3, and the patient reports that he has been slightly (rates it a "1") bothered and he would only be slightly (rates it a "1") interested in job training, or counseling for employment problems, select the lowest point of the three-point range (in this case, a "1") for the severity rating in this section.

The meaning of the "1" severity rating is that treatment is not necessary for problems related to employment or financial support. The severity rating for this section should have no effect on any other sections.

Confidence Ratings. “Is the above information significantly distorted by:

E23. Patient’s Misrepresentation?

E24. Patient’s inability to understand?

Intent/Key Points:

The judgement of the interviewer is important in deciding the veracity of the patient’s statements and his/her ability to understand the nature and intent of the interview. A code of “yes” cannot be the result of “a hunch” on the part of the interviewer, but rather this determination should be based on observations of the patient’s responses following probing and inquiry when contradictory information has been presented or information that has already been supplied in the record.

These questions are not to be used as “denial meters”. Even when the worker is aware of inconsistencies in client’s responses this does not automatically mean a “yes” answer will be recorded to these questions. The “operant” phrase here is “Significantly Distorted”. If the entire section is not “significantly distorted by a couple of misrepresentations and or an inability to understand then you would select a “NO” response.

Coding Issues:

Whenever a “yes” response is coded, the interviewer should record a brief explanation in the “comments section”.

Cross-check item with:

Confidence ratings in other sections. If too many sections are endorsed, the interviewer may want to terminate the interview.

NOTE: It is the responsibility of the interviewer to monitor the consistency of information provided by the patient throughout the interview. It is not acceptable to simply record what is reported. Where inconsistencies are noted the interviewer must probe for further information and attempt to reconcile conflicting reports.

Drug and Alcohol Use

Introduction: The Drug/Alcohol use section of the ASI helps to gather some basic information about the patient's substance abuse history. It addresses information about current and lifetime substance abuse, consequences of abuse, periods of abstinence, treatment episodes, and financial burden of substance abuse. We recommend that you add extra questions as you deem necessary, to complete your treatment plan. The manual addresses the "Drug Grid," Drug and Alcohol items D1-D12 in five separate sections: the patient's use in the past 30 days, lifetime use, age of first use, the route of administration, and the date of last use. We recommend that for each substance, you ask the questions pertaining to the past 30 days before you ask about lifetime use.

D1-12: Drug and Alcohol Use Past 30 Days.

Intent/Key Points:

Past 30 days: To record information about recent substance use.

Record the number of days in the past 30, that the patient reported any use at all of a particular substance. *Note: It is important to ask **all** substance abuse history questions regardless of the presenting problem* (e.g., an alcoholic may be combining drugs with drinking; a cocaine user may be unaware of a drinking problem).

Suggested Interviewing Techniques: Be sure to prompt the patient with examples (using slang and brand names) of drugs for each specific category. We recommend that you ask this question as written below.

"Mr. Smith, how many days in the past 30 have you used _____?"

NOT...How many **times** in the past 30 days.

There may be a big difference between the number of days and the number of times.

NOT...How many drinks or "lines" or "rocks" in the past 30 days?

There may be a big difference between the number of days and the number of drinks.

Note: Item #D2 - Alcohol to Intoxication - does not necessarily mean getting drunk. In fact, it is not advisable to use the phrase "to intoxication" in asking the question since patients' interpretations of this phrase vary so widely. Instead ask the number of days the patient felt the "effects" of alcohol, e.g., got "a buzz," "high," or drunk. If the patient gives evidence of considerable drinking yet denies feeling the effects of the alcohol, get an estimate from the patient of how much he or she has been drinking. (The patient may be denying the effects or manifesting tolerance). As a rule, in such cases, the equivalent of 3 or more drinks in one sitting or within a brief period of approximately 1 to 2 hours can be considered "Alcohol to Intoxication" for Item D2.

Additional Probes:

Quantity of use per day

Estimated amount of money spent on the substance per day

Usage patterns (e.g. only on week ends)

Coding Issues:

1. Prescribed medication is counted under the appropriate generic category.
2. LAAM should be recorded under "Methadone." Antagonists, such as Antabuse and Naltrexone, are not recorded under the substance history section but should be noted as comments at the bottom of the page.
3. Cocaine is used in many forms and these often have different names. "Crack" or "rock" cocaine is simply the "freebased" (can be smoked) form of cocaine. All different forms of cocaine (e.g., crystal cocaine, snorted; freebase cocaine, smoked; crystal cocaine, injected) should be counted under the cocaine category.

Cross-check Drug/Alcohol Use items D1-D12 with:

Drug/Alcohol Use, Item D13

Drug/Alcohol Use, Items D19 & D20

Drug/Alcohol Use, Items D23 & D24.

D1-D12: Drug and Alcohol Use, Lifetime Use

Intent/Key Points: To record information about extended periods of **regular use**. The "rule of thumb" for regular use is a frequency of 3 or more times per week. However, it is true that cocaine, alcohol, and even some other drugs can be regularly and severely abused in **2 day binges**. Therefore, the interviewer should probe for evidence of regular problem use, usually to the point of intoxication and to the point where it compromises other normal activities such as work, school, or family life. Problem use here will generally be obvious and it should be counted even if it is less than 3 times per week. If there is substantial but irregular use of any drug (less than 3 times per week for a month or longer), please record this under "Comments" but do not include under Items D1-D12.

Suggested Interviewing Techniques: Generally, you will need to ask a number of questions to get the information that you will eventually code in the boxes in the grid. With many patients, it is possible to get a valid response by asking the question the following way:

"Mr. Smith, How many years of your life have you regularly used _____ ?
By regularly, I mean three or more times per week."

However, when interviewing patients with complicated substance use histories, it may be helpful to ask them the year when they began to use the substance regularly and work forward in time from there.

"Mr. Smith, when did you start using alcohol regularly?"
"Since you started, have you ever abstained for over a month?"
"When did you pick up again?"

After you have recorded the periods of time during which the patient has used each substance, you know what to record in the lifetime section of the drug grid. You may consider summarizing it for the patient like this:

"So Mr. Smith, it sounds like you started using cocaine regularly while you were in high school in 1978. You continued to use it regularly until 1981, when you got into treatment. You stayed clean until 3 months ago, when your brother died. You have been using regularly since then. So, in your lifetime, you have used cocaine regularly for 3 years and 3 months (code is "03" for 3 years of use).

Additional Probes:

Events that occurred at the same time when the patient was using (or abstaining from) a substance.
Differences in route of administration over time
Substance combinations

Coding Issues:

1. Six months or more of regular or problem use will be considered 1 year; less than 6 months of problematic use should be noted in the comments section but not counted as a year.
2. See **Coding Issues, Drug and Alcohol Use Past 30 Days** for other relevant coding issues.

Cross-check items with:

Drug/Alcohol Use, Items # D13, D19, D20, D23, D24.

D1-D12: Drug and Alcohol Use, Age First Use

Intent/Key Points: To record information about the age at which the patient first used each substance.

Suggested Interviewing Techniques: Use the name of the specific drug. Provide examples.

"Mr. Smith, how old were you when you first tried cocaine?"

Additional Probes:

Use of drug combinations

Coding Issue:

Many patients will report that their mother used drugs or alcohol while she was pregnant with the client. Do not count this as the client's first use, simply ask when the client first tried the drug themselves.

D1-D12: Drug and Alcohol Use, Route of Administration

Intent/Key Points: To record information about the patient's usual or most recent route of administration for each substance listed. The code for the administration is listed below the drug grid as follows: **1 = oral 2= nasal 3 = smoking 4 = non IV injection 5 = IV injection**

Suggested Interviewing Techniques: Use the name of the specific drug. Provide examples.

"Mr. Smith, how are you using the cocaine? For example, are you snorting it...or are you freebasing it...are you injecting it?"

Additional Probes:

Use of drug combinations

Coding Issue:

In cases in which two or more routes are routinely used, the most serious route should be coded. (The routes of administration are numbered in order of their severity.)

D1-D12: Drug and Alcohol, Date of Last Use

Intent: To record the most recent use of drugs and alcohol, by category. Especially as it pertains to the possibility of the patient experiencing withdrawal symptoms.

Coding Issue:

The patient may not feel comfortable discussing use in the past few days. Reassure the patient that this information is used to decide on the appropriate treatment modality and for the development of his or her treatment care plan.

D13. Multiple Substances:

Intent/Key points: To record information about drug combinations. Under "**Past 30 Days**" ask the patient how many days he took more than one (ASI category) substance including alcohol. Under "**Lifetime Use**" ask the patient how long he regularly (generally 3 times per week for a month or more) took more than one substance per day including alcohol.

Suggested Interviewing Techniques: By reviewing the information in the drug grid, you should be able to estimate the number of days that the patient used more than one drug in the past 30, as well as the number of years he regularly used more than one substance. To insure that you are getting accurate information, ask the following:

"How many days in the past 30 have you used more than one substance per day?"

and

"How many years have you regularly used more than one substance per day?"

Additional Probes:

The substances which the patient used together.

Substances which the patient used within the same day, but did *not* use together.

The names of drugs that were prescribed.

Cross-check items with:

Drug/Alcohol Item #s 1-12

D14. Which substance is the major problem?

Intent/Key points: To record the patient's current major substance of abuse. *The interviewer should determine the major drug of abuse* based upon the years of use, number of treatments, number of DT's/overdoses. If the information provides no clear indication of his drug problem, then ask the patient what he/she thinks is the major substance problem. Enter one of the following codes:

- | | |
|--------------------------------------|---------------------------|
| 1 - ALCOHOL | 9 - AMPHETAMINES |
| 3 - HEROIN | 10 - CANNABIS |
| 4 - METHADONE | 11 - HALLUCINOGENS |
| 5 - OTHER OPIATES/ANALGESICS. | 12 - INHALANTS |
| 6 - BARBITURATES | 15 - ALCOHOL/DRUG |
| 7 - OTHER SED/HYP/TRANQ | 16 - POLYDRUG |
| 8 - COCAINE | |

NOTE: Record a "16" if the patient has major problems with more than one drug; or a "15" if the patient abuses alcohol **and one or more** drugs.

Suggested Interviewing Techniques: If you have to ask the question, ask it as it appears on the ASI. Allow the patient to report more than one substance as his major problem.

"Mr. Smith, which substance is your major problem?"

Coding Issues:

1. Some patients may report that legal methadone is their primary drug problem, as in the case of patients who are seeking detoxification and drug-free treatment. This can be used as the major problem in Item 14 and problems associated with the legal methadone may be recorded in Item 22.

2. For follow-up interviews record what the patient thinks is the major substance abuse problem. If at follow-up the patient maintains he/she has no drug or alcohol problem but reports experiencing drug or alcohol problems on Item 22, then clarify Item 14 by asking if he/she considers that substance the current major problem.

Cross-check item with:

Drug/Alcohol Items #1-12

D15. How long was your last period of voluntary abstinence from this major substance?

D16. How many months ago did this abstinence end?

Intent/Key points: To record details about the patient's successful attempts at abstaining from the current problem substance. Ask the patient how long he/she was able to remain abstinent from the major drug(s) of abuse (Item 14). Stress that this was the **last** attempt (of at least one month) at abstinence, not necessarily the longest.

Suggested Interviewing Techniques: You may need to ask a series of questions to get accurate responses to these items.

For example, for Item #15, you may need to ask:

"Have you ever stopped using _____ for over a month?"

"When was the last time you stopped using _____ for over a month?"

"Did you stay clean on your own, or were you in some sort of a controlled environment at the time?"

"How long did that period of abstinence last?"

For Item #16, you should ask:

"How many months ago did this abstinence end?"

Additional Probes:

Circumstances surrounding the periods of abstinence

Circumstances surrounding the end of the abstinence period

Coding Issues:

Periods of hospitalization or incarceration are not counted. Periods of abstinence during which the patient was taking Methadone, Antabuse or Naltrexone as an outpatient are included.

If the code for item 14 was "**00-No problem,**" enter "N" for item #s 15 and 16.

If the code for item 14 was "**15-Alcohol and Drug**" then abstinence will refer to **both** alcohol and the major drug(s).

If the code for item 14 was "**16-Polydrug**" then abstinence will refer to all abused drugs. Enter "99" if the number of months equals 99 or more.

If the patient has not been abstinent for one month, enter "00" for Item #15 and "N" for item 16.

If the period of abstinence is current, enter "00" for item #16.

Cross-check item with:

Drug/Alcohol Items #1-12

D42. Have you used any of these drugs listed above as part of a religious practice or spiritual ceremony?

D43. Is this use sanctioned or provided by tribal leaders or a medicine person?

D45. Is this use common practice in your traditional ways?

Intent/Key points: The intent of these questions is to evaluate the use of psychoactive drugs in any religious, spiritual, or cultural practices and to ascertain if their use is sanctioned by elders in the culture.

Suggested Interviewing Techniques: Ask as written.

Additional Probes: Are there any other drugs, we did not ask about that are used in religious/spiritual practices or cultural ceremonies?

Coding Issues: A “yes” code on D42 will not affect the coding of the drug and alcohol grid. For example, if a client reports that hallucinogens are used in religious practices, code this use in D11 even though the use is connected to the client’s culture.

Cross-check item with:
D3 through D12.

D44. Have any traditional Indian cultural practices, such as sweatlodges, sundances, prayer meetings, etc. been helpful for you in achieving/maintaining abstinence?

Intent/Key points: To explore the possibility that this client has previously found traditional cultural practices helpful in his or her recovery and to provide access to that type of service.

Suggested Interviewing Techniques: Ask as written, providing examples, but explain that the possibilities are not limited to this list.

Additional Probes: Is there anything else that has been helpful in your recovery in the past?

Cross-check item with:
D19-D22: Previous traditional treatment received.
D36 – D41: Previous culturally specific services received.

D17 How many times have you had alcohol DTs?

D18. How many times have you overdosed on drugs?

Intent/Key points: To record information about consequences of using too much of a substance. If in doubt about a reported "OD," ask what was done to the patient to revive him/her. Simply letting the patient "sleep if off" does not constitute an OD. If the patient describes any incident in which intervention by someone was needed to recover, do count this as an OD. The nature of overdose will differ with the type of drug used. While opiates and barbiturates produce coma-like effects, amphetamine overdoses ("overamps") frequently result in toxic psychoses.

Suggested Interviewing Techniques: Ask as written. Follow-up with additional questions which will determine how you will code the response.

"Mr. Smith, how many times have you had alcohol DTs?"

"How many times have you overdosed on drugs?"

"Did someone have to help to revive you?"

"Did someone have to calm you down?"

Additional Probes:

Whether or not the patient was hospitalized

Whether or not the OD was intentional

Coding Issues:

1. Include suicide attempts if they were attempted by drug overdose (Remember this in the Psychiatric section and be sure to check the Medical section to note hospitalization).

2. Definition of Delirium Tremens (DT's):

DT's occur 24 to 48 hours after a person's last drink. They consist of tremors (shaking) and delirium (severe disorientation). They are often accompanied by a fever. There are sometimes, but not always, hallucinations. True DT's are usually so serious that they require some type of medical care or outside intervention. Impending DT's as diagnosed by a professional would also be considered serious enough to count as DT's.

Problems sometimes mistaken for DT's:

DT's are not to be confused with "the shakes" which occur about 6 hours after alcohol has been withdrawn and do not include delirium.

Cross-check item with:

1. Medical Status Item #1 (possibly)

How many times in your life have you been treated for:

D19. Alcohol Abuse?

D20. Drug Abuse?

How many of the were detox only?

D21. Alcohol?

D22. Drug?

Intent/Key points: To record the number of times the patient has received help for their drug or alcohol problems. The purpose of item #19 is to determine the extent to which the patient has sought extended rehabilitation versus minimal stabilization or acute crisis care. Therefore, record the number of treatments in #19 that were detoxification only and did not include any follow-up treatment.

Suggested Interviewing Techniques: Ask as written.

"Mr. Smith, how many times in your life have you been treated for alcohol or drug abuse?"

"How many of those treatments involved a detox with no follow-up?"

Additional Probes:

The names of programs

Reasons for leaving programs

Coding Issues:

1. Count any type of alcohol or drug treatment, including detoxification, halfway houses, inpatient, outpatient counseling, and AA or NA (if 3 or more sessions) within a one month period.
2. If the patient was treated for **both** alcohol and drug problems simultaneously, count the treatment under both categories. Note that the treatment was for both.
3. Exclude "Driver's School" for D.W.I. violations. Ask questions separately for alcohol and drugs. In the case of dual problems try to get the number of treatments in each category.
4. Code as a single episode treatment experiences that occur in different facilities immediately following one another. For example, a patient who spends two months in a residential program followed immediately by a six month outpatient program has been involved in one treatment episode, *not* two treatment episodes. However, if the patient returns home before being admitted to the outpatient program, the outpatient program should be counted as a separate treatment episode.

Cross-check item with:

Drug/Alcohol Use, Items 1-13

How many of these (treatments) provided Native American Specific groups or focus?

D36. Alcohol

D37. Drugs

How many of these (treatments) included Native American treatment providers/counselors?

D38. Alcohol

D39. Drugs

How many of these (treatments) were provided on reservations?

D40. Alcohol

D41. Drugs

Intent/Key points:

To document the client's treatment experiences that may have taken cultural and spiritual practices into consideration.

Suggested Interviewing Techniques:

Ask as written, providing examples, but explain that the possibilities are not limited to this list.

Additional Probes:

Is there anything else that has been helpful in your recovery in the past?

Coding Issues: There must be treatments documented in D19 and D20 for these questions to be applicable.

The codes in any item D36, D38, and D40 cannot be greater than the code in D19.

The codes in any item D37, D39, and D41 cannot be greater than the code in D20.

Cross-check item with:

D19 & D20

D42 – D45

D23. How much would you say you spent during the past 30 days on alcohol?

D24. How much would you say you spent during the past 30 days on drugs?

Intent/Key points: This is primarily a measure of financial burden, not amount of use. Therefore, *enter only the money spent, not the street value of what was used* (e.g., dealer who uses but does not buy; bartender who drinks heavily but does not buy, etc.).

Suggested Interviewing Techniques: If you probed sufficiently during the Drug/Alcohol grid, you should have information about the amount of money that the patient spends daily on each substance. By multiplying the daily dollar amount by the number of days the patient says he or she used, you will get a good estimate of the amount of money the patient spent in the last month, without even asking the question. Regardless, ask the question as written. If a patient responds that he can not possibly estimate the amount of money he spent in the past month, remind him what he told you in the drug grid.

"How much have you spent on alcohol and drugs in the past 30 days?"

"You told me that you spent about \$20 a day on coke...and you used coke on sixteen days...so it sounds as if you spent at least three hundred twenty dollars on coke."

Sometimes, the patient will argue about the amount of money he spent. He may explain that although he used \$320.00 worth, he only spent \$200 worth because he knows people who provide him with cheap drugs. **Code only what the patient reports he spent on drugs.**

Additional Probes:

As described above, information that explains differences between the reported amount of money spent and amount of drugs used.

Coding Issues:

1. Enter "X" only if patient cannot make a reasonable determination.
2. Don't include the dollar amount of drugs for which the patient provided services (sex for drugs, acting as a "middle man" for drug deals). Just include the amount of cash the patient put out for the drugs.

Cross-check item with:

Employment/Support item #s 12-17

D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 (Include NA, AA).

Intent/Key points: Treatment refers to any type of outpatient substance abuse therapy. This does not include psychological counseling or other therapy for non-abuse problems.

Suggested Interviewing Techniques: Ask as written below.

"Mr. Smith, how many days in the past 30 have you been treated in an outpatient setting or attended self-help groups like AA or NA?"

Additional Probes:

Names of programs

Types of meetings

Coding Issues:

1. Do include methadone maintenance, AA, NA or CA meetings, Antabuse, etc.

2. Treatment requires personal (or at least telephone) contact with the treatment program.

The fact that the patient was "officially enrolled" in a program does not count if he/she has not attended at least 3 sessions.

How many days in the past 30 have you experienced

D26. Alcohol problems?

D27. Drug problems?

Intent/Key points: Be sure to stress that you are interested in the number of days the patient had problems directly related to alcohol or drug use. Include craving for alcohol or drugs, withdrawal symptoms, disturbing effects of drug or alcohol intoxication, or wanting to stop and not being able to do so.

Suggested Interviewing Techniques: Ask as written, with plenty of examples based on what the patient has already told you. Client's "denial" of problems may hinder the interviewer's ability to record accurate information. The interviewer should focus the question on symptoms or situations already described by the patient as problematic. For example, a patient may say, "I can handle my alcohol use. My lawyer said that I should get into treatment because it will help my DUI case." The interviewer might say, "How many days in the past 30 have you had problems related to alcohol use...such as worrying about your DUI case?" Another example follows:

"Mr. Smith, how many days in the past 30 have you experienced alcohol problems...such as the fact that you've been getting in trouble at work because of your drinking, or the fact that you have been spending all of your money on alcohol.

Additional Probes:

Thinking about using (craving)

Inability to stop using after starting

Consequences of using

Experiencing physical withdrawal symptoms

Coding Issues:

Do not include the patient's inability to find drugs or alcohol as a problem.

Cross-check item with:

Drug/Alcohol section, Items 28-31. If 28 – 31=0, then 26 & 27 must equal "0" also.

One can't rate nonexistent problems.

How troubled or bothered have you been in the past 30 days by

D28. Alcohol problems?

D29. Drug Problems?

How important to you now is treatment for these

D30. Alcohol Problems?

D31. Drug Problems?

Intent/Key points: To record the patient's feelings about how bothersome the previously mentioned drug or alcohol problems have been in the last month, and how interested they would be in receiving (additional) treatment. Be sure to have the patient restrict his/her response to those problems counted in Items 26 & 27.

Suggested Interviewing Techniques: When asking the patient to rate the problem, provide concrete examples of them, rather than the term "problems." For example, if the patient reports that besides worrying about a DUI case, he has had physical problems from alcohol, such as hangovers, the interviewer should ask Item #28 in the following way:

"Mr. Smith, how troubled or bothered have you been in the past thirty days by alcohol problems such as the hangovers that you mentioned...or the worry over your upcoming case?"

Ask Item #30 in the following way:

"Mr. Smith, important would it be for you to talk to someone about your alcohol problems...such as the hangovers that you mentioned...or the worry over your upcoming case?"

Cross-check item with:

Drug/Alcohol section, Items 28-31. If 28 & 29=0, then 30 and 31 must equal "0" also. A client wouldn't usually want treatment for problems that are not bothersome.

D32 & D33. Drug and Alcohol Interviewer Severity Ratings

How would you rate the patient's need for treatment for drug/alcohol problems?

Remember the two-step derivation method for severity ratings:

Step 1: Reduce the ten point scale (0-9) to two or three points, using only the objective items (Items 1-6 in the Medical Status section).

- 0-1 No problem, treatment not necessary
- 2-3 Slight problem, treatment probably not necessary
- 4-5 Moderate problem, treatment probably necessary
- 6-7 Considerable problem, treatment necessary
- 8-9 Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the following critical objective items of the section.

- 1 - 13 Abuse History
- 15 - 16 Abstinence
- 17 ODs and DTs
- 18 Lifetime Treatment

Step 2: Factor in the patient's rating scale. Pick the score that represents the patient's rating scale. For example, if the interviewer's selected three-point range is 4-5-6, and the patient reports that he has been *extremely* (rates it a "4") bothered and he would be *extremely* (rates it a "4") interested in treatment for medical problems, then select the highest point of the three-point range (in this case, a "6") for the severity rating in this section.

The meaning of the "6" severity rating is that treatment is necessary for the section. The severity rating for this section should have no effect on any other sections.

Confidence Ratings. “Is the above information significantly distorted by:

D34. Patient’s Misrepresentation?

D35. Patient’s inability to understand?

Intent/Key Points:

The judgement of the interviewer is important in deciding the veracity of the patient’s statements and his/her ability to understand the nature and intent of the interview. A code of “yes” cannot be the result of “a hunch” on the part of the interviewer, but rather this determination should be based on observations of the patient’s responses following probing and inquiry when contradictory information has been presented or information that has already been supplied in the record.

These questions are not to be used as “denial meters”. Even when the worker is aware of inconsistencies in client’s responses this does not automatically mean a “yes” answer will be recorded to these questions. The “operant” phrase here is “Significantly Distorted”. If the entire section is not “significantly distorted by a couple of misrepresentations and or an inability to understand then you would select a “NO” response.

Coding Issues:

Whenever a “yes” response is coded, the interviewer should record a brief explanation in the “comments section”.

Cross-check item with:

Confidence ratings in other sections. If too many sections are endorsed, the interviewer may want to terminate the interview.

NOTE: It is the responsibility of the interviewer to monitor the consistency of information provided by the patient throughout the interview. It is not acceptable to simply record what is reported. Where inconsistencies are noted the interviewer must probe for further information and attempt to reconcile conflicting reports.

Legal Status

Introduction: The legal status section of the ASI helps you to gather some basic information about your patient's legal history. It addresses information about probation or parole, charges, convictions, incarcerations or detentions, and illegal activities. We recommend that you add questions that you consider relevant to your patient's treatment plan. An interviewer can most efficiently gather accurate information from this section by doing a lot of probing in the first part of the section. For example, if a patient reports that he or she was charged with a criminal offense, the interviewer should ask whether he or she was convicted, and if so, whether any time was spent in prison. By addressing and recording these details in the early part of the section, the interviewer can move more quickly through the latter parts of the section.

L1. Was this admission prompted or suggested by the criminal justice system?

L2. Are you on probation or parole?

Intent/Key points: To record information about the relationship between the patient's treatment status and legal status. For item L1, enter "YES" if any member of the criminal justice system was responsible for the patient's current admission or generally, if the patient will suffer undesirable legal consequences as a result of refusing or not completing treatment.

For item L2, enter "YES" if the patient is currently on probation or parole.

Suggested Interviewing Techniques: Ask both questions as written. Provide examples of referral sources that are related to the criminal justice system to clarify any confusion related to items L1.

"Mr. Smith, was your admission to this treatment program prompted or suggested by the criminal justice system, like a lawyer or probation officer...(or did you decide to come here on your own...or was it your family that persuaded you to seek help here)?"

Are you on probation or parole?"

If a patient says that he or she is currently on probation or parole, we recommended that you routinely ask for details. For example, you should ask:

"Why are you on probation (with what criminal offense were you charged)?"

"How long have you been on probation? When will your probation period end?"

Additional Probes:

Who referred the patient, circumstances surrounding the referral?

Nature of the probation or parole (Federal or State) name of probation or parole officer

Crosscheck item with:

Legal Status, Item #s 3-16

L3-16. How many times in your life have you been arrested and charged with the following?

Intent/Key points: This is a record of the number and type of arrest counts with official charges (not necessarily convictions) accumulated by the patient during his life. Be sure to include the total number of counts and not just arrests. These include only formal charges not times when the patient was just picked up or questioned. Do not include juvenile (prior to the age of 18) crimes, unless the court tried the patient as an adult, which happens in cases of particularly serious offenses.

NOTE: The inclusion of adult crimes only is a convention adopted for our purposes alone. We have found it is most appropriate for our population. The use of the ASI with different populations may warrant consideration of juvenile legal history.

Suggested Interviewing Techniques: If a patient responds that he or she has been charged with an offense, we recommend that you ask for details (e.g., whether the patient was convicted or not, whether the patient was incarcerated, paid a fine, or spent time on probation). These details will help you to move more quickly through the latter part of the section. If you don't gather information early, your attempts at gathering information from patients with complicated legal histories may be hindered. Therefore, we recommend that you ask the question as written below, with probes similar to the ones listed below asked routinely.

"Mr. Smith, how many times in your life have you been charged with _____?"

If the patient reports that he or she was charged:

"What happened with that charge...for example, was it dropped...were you convicted of it?"

If the patient reports that he or she was convicted:

"What happened when you were convicted...did you spend time in prison...did you pay a fine... were you on probation?"

Additional Probes:

The years in which they was charged with each offense

Details surrounding each criminal act

Significant events occurring at the same time that the patient was charged with each offense

Coding Issues:

1. Do include arrests that occurred during military service, but do not include those that have no civilian life counterpart (e.g., AWOL, insubordination) but do record these in the "Comments" section.

2. Code attempts at criminal activity (e.g. attempted robbery, attempted rape) the same way that you code the activity. Therefore, charges of attempted robbery would be coded with robbery.

3. In some states "contempt of court " is the charge levied against someone who has failed to pay support or alimony payments.

L17. How many of these charges resulted in convictions?

Intent/Key points: To record basic information about the patient's legal history. Do not include the misdemeanor offenses (L18 - L20) in this item. Note that convictions include fines, probation, and suspended sentences as well as sentences requiring incarceration. Convictions also include guilty pleas. Charges for parole and/or probation violations are automatically counted as convictions.

Suggested Interviewing Techniques: If you did not gather information about convictions through probing during item #s L1-L16 ask as written.

"Mr. Smith, how many of these charges resulted in convictions?"

Additional Probes:

Whether or not the patient was incarcerated

Coding Issues:

Code Item L17 with an "N" if Item L3-L16 are all "00"

Crosscheck item with:

Legal Status Item #24 (possibly)

How many times have you been charged with the following:

L18. Disorderly conduct, vagrancy, public intoxication?

L19. Driving while intoxicated?

L20. Major driving violations?

Intent/Key points: Charges in item L18 category may include those that generally relate to being a public annoyance without the commission of a particular crime. Driving violations counted in L18 are moving violations (speeding, reckless driving, leaving the scene of an accident, etc.). This does not include vehicle violations, registration infractions, parking tickets, etc.

Suggested Interviewing Techniques: Ask as written:

"Mr. Smith, how many times have you been charged with the following...(disorderly conduct, vagrancy, or public intoxication)?"

Additional Probes:

Outcomes of the charges

Coding Issues:

Employment/Support Item E4 (possibly)

L21. How many months were you incarcerated in your life?

L22. How long was your last incarceration?

L23. What was it for?

Intent/Key points: For item L21, enter the number of total months spent in jail (whether or not the charge resulted in a conviction), prison, or detention center in the patient's life since the age of 18, unless the patient was detained as an adult while still a juvenile. If the number equals 100 or more, enter "99." Count as one month any period of incarceration two weeks or longer. For item L23, choose the number & description assigned in the first part of the "Legal Section" (L3-L16 and L18-L20) to indicate the charge for which the patient was incarcerated. If the patient was incarcerated for several charges, enter the most serious or the one for which he/she received the most severe sentence.

Suggested Interviewing Techniques: Ask the questions as written:

"How many months have you been incarcerated in your life?"

"How long was your last incarceration?"

"For what charge were you incarcerated?"

Additional Probes:

Details of unusual periods of incarceration (serving time for two convictions concurrently)

Coding Issues:

1. Make sure that you code the total number of months that the patient was incarcerated for large periods of time. DO NOT code large numbers (30+) of overnight incarcerations. For example, a barroom brawler may report getting thrown in jail over thirty times for a couple of nights each time. Do not count those thirty incarcerations.
2. If the patient has never been incarcerated for over a month, code item L21 with "00". If item L21 is 00 then items L22 and L23 will automatically default to "N".
3. Item L22 should always be smaller than or equal to item L21.

Crosscheck item with:

1. Make sure that long periods of incarceration are accounted for in other parts of the interview, like the drug/alcohol grid. For example, if a patient reports spending a long time in jail, but never reported abstaining from drug use, you should clarify whether he used drugs in jail. Record the information in the comment section.

L24. Are you presently awaiting charges, trial or sentence?

L25. What for:

Intent/Key points: To record information about the patient's current legal status. If the patient is not awaiting charges, trial, or sentence select "NO", for item L24. If L24 is "NO" then L25 is "N". Do not include civil lawsuits unless a criminal offense (contempt of court) is involved.

Suggested Interviewing Techniques: Ask as written:

"Are you presently awaiting charges, trial or sentence for any reason?"

Additional Probes:

The date on which the sentencing will take place.

Coding Issues:

Item L24 should never be coded with an "N/A". It should always be asked and coded either "YES" or "NO".

If Item L24 is "NO", then Item L25 should be coded "N".

To code item L25, select from the charges listed in questions L3 - L20, for example, if the client is awaiting trial for "drug charges", L25 would be coded "05". If multiple charges apply, select the most severe.

L26. How many days in the past 30 were you detained or incarcerated?

Intent/Key points: To record information about whether the patient was detained in the last 30 days.

Suggested Interviewing Techniques: Ask as written. If he asks for the difference between an incarceration and a detainment, ("Hey, didn't you ask me that question already?"), give him a few examples of detainment. For example, if the patient was put in jail to sleep off a drunk, or detained and questioned by the police because he looked like someone who had committed a crime, you would code that he has been "detained or incarcerated in the past 30 days."

"Mr. Smith, How many days in the past 30 were you detained or incarcerated?"

Additional Probes:

Reasons for being detained

Coding Issues:

Include being detained but released on the same day.

Crosscheck item with:

General information, Items G19 and G20.

L27. How many days in the past 30 have you engaged in illegal activities for profit?

Intent/Key points: Enter the number of days the patient engaged in crime for profit. Do not count simple drug possession or drug use. However, do include drug dealing, prostitution, burglary, selling stolen goods, etc.

Suggested Interviewing Techniques: Ask as written:

"Mr. Smith, How many days in the past 30 have you engaged in illegal activities for profit?"

Additional Probes:

The type of illegal activity

Whether the patient received cash or drugs

Coding Issues:

Include illegal activity as "for profit" even if the patient received drugs or other goods (rather than cash) in return for the illegal activity.

Crosscheck item with:

Employment Status item E17 (possibly)

L28. How serious do you feel your present legal problems are?

L29. How important to you now is counseling or referral for these legal problems?

Intent/Key Points: To record the patient's feelings about how serious he feels his the previously mentioned legal problems are, and the importance of getting (additional) counseling or referral. For Item L29, the patient is rating the need for referral to legal counsel so that he can defend himself against criminal charges.

Suggested Interviewing Techniques: When asking the patient to rate the problem, use the name of it, rather than the term "problems." For example, if the patient reports that he is awaiting trial on a criminal charge, ask him the questions in the following way:

"Mr. Smith, how serious are your present legal problems...such as your upcoming burglary trial?"

"How important would it be for you to get counseling or referral for the burglary trial that you mentioned?"

Coding Issues:

Allow the patient to describe their feelings about current legal problems only...not potential legal problems. For example, if a patient reports selling drugs on a few days out of the past thirty, but has not been caught, he does not have any current legal problem. If he gets caught selling drugs then he will have a legal problem.

NOTE:

For item L29, emphasize that you mean additional Legal counseling and or referral for those problems specified in Item L28.

If a client states they are not at all troubled and or bothered in L28, but states they are considerably interested in treatment. This may represent what appears to be an inconsistency in the client's response. Generally clients are not considerably interested in treatment for problems they do not consider themselves to have. In these situations the worker must go back and probe to clarify the inconsistency and enter the correct data or if the data is correct and the inconsistency has an explanation, please make a much needed notation in the comment section.

The same is true if the client responds that they are in fact "troubled and or bothered" by a problem but are "not at all" interested in treatment. This may represent what appears to be an inconsistency in the client's response. Generally clients are interested in treatment for problems they do consider themselves to have. In these situations the worker must go back and probe to clarify the inconsistency and enter the correct data or if the data is correct and the inconsistency has an explanation, please make a much needed notation in the comment section.

Example:

A client may feel his present legal problems are very serious, "Extremely". However he has a very good defense attorney and is not in need of additional counseling and/or referral for these problems. You would want to explain that in the comment section.

NOTE: The software program will prompt you with a reminder box if such inconsistencies are reported. You will be alerted to the inconsistency and asked if you would like to go back and probe further in order to clarify the appearance of inconsistencies and/or recode the responses.

L30. Legal Status Severity Rating

Remember the two step derivation method for severity ratings:

Step 1: Reduce the ten point scale (0-9) to two or three points, using only the objective items (Items 1-25 in the Legal Status section).

0-1	No problem, treatment not needed
2-3	Slight problem, treatment probably not indicated
4-5	Moderate problem, some treatment indicated
6-7	Considerable problem, treatment necessary
8-9	Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the critical objective items of the section.

Critical Objective Items of the Legal Status Section

ITEM	DESCRIPTION
3 -16	Major Charges
17	Convictions
24-25	Current Charges
27	Current Criminal Involvement

Step 2: Factor in the patient's rating scale. Pick the score that represents the patient's rating scale. For example, if the interviewer's three point range is 4-5-6, and the patient reports that he has been extremely bothered and he would be extremely interested in treatment for legal problems, then select the highest point of the three point range (in this case, a "6") for the severity rating in this section.

The meaning of the "6" severity rating is that counseling or referral is necessary for the patient's legal problems. The severity rating for this section should have no effect on any other sections.

NOTE: Select the rating that best reflects this clients need for "additional" treatment. Click on that rating.

Confidence Ratings

Is the above information "significantly distorted" by:

L31. Patient's misrepresentation?

L32. Patient's inability to understand?

Whenever a "yes" response is coded, the interviewer should record a brief explanation in the comments section.

The judgement of the interviewer is important in deciding the veracity of the patient's statements and his/her ability to understand the nature and intent of the interview. This does not mean simple "got a hunch" on the part of the interviewer, but rather this determination should be based on observations of the patient's responses following probing and inquiry when contradictory information has been presented or information that has already been supplied in the record.

These questions are not to be used as "denial meters". Even when the worker is aware of inconsistencies in client's responses this does not automatically mean a "YES" answer will be recorded to these questions. The operant phrase here is "Significantly Distorted". If the entire section is not "significantly distorted" by a couple of misrepresentations and or an inability to understand then you would select a "NO" response.

NOTE: It is the responsibility of the interviewer to monitor the consistency of information provided by the patient throughout the interview. It is not acceptable to simply record what is reported. Where inconsistencies are noted the interviewer must probe for further information and attempt to reconcile conflicting reports.

Family History

Introduction: This family history “genogram” is a new addition to this version of the Addiction Severity Index, and replaces the old family history grid.

Intent/Key points: To record information about the patient's family members and their problems or dependencies in various areas. This information may help in treatment planning and also with patient placement. The areas asked about, and their coding are as follows:

A=Alcoholism
D=Illegal Drug Dependence
P=Prescription Drug Dependence
T=Cigarette Smoker
G=Compulsive Gambler
R=In Recovery
S=Sexual Addiction
Su=Suicide
V=Violence or Frequent Rages
MI=Mental Illness

Information in this genogram may include biological and non-biological relatives, identify whether the relatives you are coding are biologically related to the client.

Suggested Interviewing Techniques: Begin with the box labeled “Yourself” in the center of the grid. Insert the client's name and the codes (as above) to any problems the client feels he/she may have difficulty with or has received treatment for.

To the left of the box labeled “yourself” are two boxes for initials of the client's current and/or previous partners/spouse, etc. Place the initials of the person identified for each box in the upper right-hand corner of the box, and insert codes as above.

To the right of the box labeled “yourself” are three boxes for the client's brothers and sisters. Continue as above. There are 12 extra boxes in the last two rows for any additional family members, brothers, sisters, aunts, uncles, etc.

The top two rows ask about the client's mother and father and their families. Continue to use initials or first names in the upper corner of each box, while coding problems as listed above in the box.

Additional Probes:

Have the family members received treatment for these problems?

Coding Issues:

Most importantly, if any of the client's family members have suicided, this is a clinical indicator of the client's likelihood of suiciding if they are depressed, or acknowledge thinking about suicide.

Remember to note if the relative is biologically related to the client.

Family/Social Relationships

Introduction: In this section more than any other, there is difficulty in determining if a relationship problem is due to intrinsic problems or to the effects of alcohol and drugs. In general, the patient should be asked whether he/she feels that "if the alcohol or drug problem were absent," would there still be a relationship problem. This is often a matter of some question but the intent of the items is to assess inherent relationship problems rather than the extent to which alcohol/drugs have affected relationships.

F1. Marital Status:

F2. How long have you been in this marital status?

F3. Are you satisfied with this situation?

Intent/Key points: To record information about the patient's marital status, duration of marital status and satisfaction with marital status. For item F1, select the option that best represents the client's present legal marital status. For item F2, enter number of years and months patient has been in the current marital status. For item F3, selecting a "satisfied" response must indicate that the patient generally likes the situation, not that he/she is merely resigned to it.

Suggested Interviewing Techniques: Ask as written, with examples.

"Mr. Smith, what is your marital status? Are you married, remarried,...single?"

"How long have you been _____?"

"Are you satisfied with your marital status?"

Additional Probes:

Reasons for dissatisfaction or separation (if applicable)

Coding Issues:

1. Consider common law marriage (seven years in Pennsylvania) as married.
2. Individuals who consider themselves married because of a commitment ceremony or significant period of cohabitation should be coded as married and considered married for the remainder of the questions pertaining to marriage or spousal relations.
3. For patients who were never married enter the number of years since age 18 (an indication of their adult status) in item F2.

F4. Usual living arrangements?

F5. How long have you lived in these arrangements?

F6. Are you satisfied with these arrangements?

Intent/Key points: To record information about the patient's usual living arrangements during the past three years. For item F4, select the arrangement in which the patient spent most of the last three years, even if it is different from his or her most recent living arrangement. If the patient lived in several arrangements choose the most representative of the three-year period. If the amounts of time are evenly split, choose the most recent situation. For patients who usually live with parents, enter the number of years residing there since age 18 in item F5. A "satisfied" response in item F6 must indicate that the patient generally likes the situation, not that he/she is merely resigned to it.

Suggested Interviewing Techniques: You may have to ask a number of additional questions to get accurate responses to these items. For example, you may have to provide a frame of reference (the last three years). You may consider asking the patient for information about his current living arrangements, and all previous arrangements for the past three years, as follows:

"Mr. Smith, you mentioned that you are currently living with your mother. For how many years (or months) have you been living with her?"

"With whom were you living before you moved in with your mom?"

"How long were you living with those folks?"

and so on...

By recording this information, you can figure out not only which living arrangement was the most representative, but the length of each arrangement, as well.

Additional Probes:

Reasons for leaving each arrangement

Coding Issues:

1. Ask the patient to describe the amount of time spent living in prisons, hospitals, or other institutions where access to drugs and alcohol are restricted. If this amount of time is the most significant, select "Controlled Environment."

Crosscheck item with:

General information, item G14.

All information related to recent controlled environments on the rest of the interview (if the response to F4 is "Controlled Environment")

Do you live with anyone who:

F7. Has an alcohol problem?

F8. Uses non-prescribed drugs?

Intent/Key points: Items F7 & F8 address whether the patient will return to a drug and alcohol free living situation. This is intended as a measure of the integrity and support of the home environment and does not refer to the neighborhood in which the patient lives. The home environment in question is the one in which the patient either currently lives (in the case of most outpatient treatment settings) or the environment to which the patient expects to return following treatment.

Suggested Interviewing Techniques: Since you should already have information about the patient's current living situation, you can tailor the question to the patient. For example, if the patient reports living only with his mother, you may ask this series of questions:

"Mr. Smith, does your mother drink?" "Do you think she has a problem with alcohol?"
"Does she use non-prescribed drugs, or prescribed drugs in a non-prescribed fashion?"

Additional Probes:

Client's relationship to people who use substances (father/daughter, husband/wife)
Number of people who use substances

Coding Issues:

1. For the alcohol question (F7), code "YES" only if there is an individual with an active alcohol problem (i.e., a drinking alcoholic) in the living situation, regardless of whether the patient has an alcohol problem.
2. For the drug use question (F8), code "YES" if there is any form of drug use in the living situation, regardless of whether that drug using individual has a problem or whether the patient has a drug problem.

Do you live with anyone who:

F61. Is supportive of your recovery?

Intent/Key points: To record information regarding the patient's live-in support system.

Suggested Interviewing Techniques:

Ask as written, with emphasis on the living environment, not just information on frequent visitors, etc. Notice their prior code in question F4 (usual living arrangements in past three years) and you may frame the question with that information such as:

Mr. Smith, I know you told me earlier that you live with your partner and adult children, would any of these people be supportive of your recovery? Maybe they would take you to meetings, understand that it might be best if they don't drink or use drugs, etc.

Additional Probes: Probe regarding overall patient/household relationship. If patient feels that he/she does not have live-in support, ask patient the causes of his/her feelings regarding absence of this support. You may ask questions such as:

Mr. Smith, what makes you feel that you have no support in the household? Do your spouse/children encourage you positively in any way?

Coding Issues: 1. For question F61, code YES only if question F4 is a code **other than 7**.

F9. With whom do you spend most of your free time?

F10. Are you satisfied with spending your free time this way?

Intent/Key points: The response to item F9 is usually easy to interpret. Immediate and extended family as well as in-laws are to be included under "Family" for all items that refer to "Family." "Friends" can be considered any of the patient's associates other than family members, and related problems should be considered "Social."

Suggested Interviewing Techniques: Ask as written, with examples.

"Mr. Smith, with whom do you spend most of your free time...your family, friends or alone...?"
"Are you satisfied with spending your free time this way?"

Additional Probes:

Details about free time (going to movies, using drugs)

Coding Issues:

A "satisfied" response to item F10 must indicate that the patient generally likes the situation, not that he/she is merely resigned to it.

IMPORTANT: Some patients may consider a girlfriend/boyfriend with whom they have had a long standing relationship, as a "family member." In such cases he/she can be considered a family member.

Crosscheck item with:

Family/Social status #21 (possibly)

F11. How many close friends do you have?

Intent/Key points: Stress that you mean close. Do not include family members or a girlfriend/boyfriend who is considered to be a family member/spouse.

Suggested Interviewing Techniques:

"Mr. Smith, how many close friends do you have...by that I mean people outside of your family that you can trust ?"

Additional Probes:

Names of close friends

Amount of contact with close friends

Crosscheck item with:

Other items in the interview that address close relationships, such as Family/Social F24

F76. How many of these friends are Native Americans?

Intent/Key points: Item F11 address' the number of close friends the patient has. This question address', of those friends that the patient considers close, how many are of Native American ethnicity?

Suggested Interviewing Techniques: You may ask the patient questions such as:

"Mr. Smith, out of those close friends that you just mentioned, how many of them are Native American?"

Reiterate to patient that "close friends" is exclusive of family members.

Additional Probes: If #of Native American friends are not equal to total # of close friends, does patient have more contact with those that are Native American or others.

Coding Issues: The number coded in F76 cannot be greater than that coded in F11.

F70. With whom do you feel most comfortable?

Intent/Key points: Item F70 is not in reference to persons addressed in items F11&F76. Question F70 is an “in general” question. This question is intended to measure, overall, how comfortable the patient feels in the presence of one cultural group in comparison to others. A response of “indifferent” in item F70 must indicate that the patient generally likes persons of all ethnicities, not that he/she is merely resigned to it.

Suggested Interviewing Techniques: If the patient has friends of varying ethnicities or comes into frequent contact with persons of varying ethnicities , you may ask the patient questions such as:

“Mr. Smith, you previously stated that you have some friends that are Native American, some that are African American, etc”, or “You have stated that you come into frequent contact with persons of different ethnicities”.
“With whom do you feel most comfortable to be around.”

Or

“Around whom can you be most “yourself?”

““ Are you equally as comfortable around all people?”

Additional Probes: Patient’s relationship with persons referred to above(co-workers, neighbors, classmates, etc).

Coding Issues: Ask patient to describe amount of time spent with persons being addressed above and comment.

After treatment, will you return to an environment that:

F65. Is supportive of your recovery?

F66. Offers community services to help you in your recovery?

F67. Offers accessible self-help meetings?

Intent/Key points: Items F65-F67 address whether patient will return to an environment that is supportive, offers community services, as well as accessible self-help meetings. If treatment received is that of Inpatient, “after treatment” refers to the point of discharge. If treatment received is that of Outpatient, “after treatment” refers to the patient’s current environment(s)(e.g.—neighborhood, living, working, school, etc.).

Suggested Interviewing Techniques: You may have to ask additional questions, clarify, or re-word questions to get the best responses to these items. For example, you may have to clarify what is meant by “community services” or “self-help” meetings(e.g. AA meetings). For example:

“Mr. Smith, I know you told me that you will return to the reservation when you complete treatment, are any support groups available for you or is there any counseling or aftercare available?”

For questions F66 and F67, you may want to list recovery groups, relapse prevention meetings, counseling, or AA, NA, or CA respectively.

Additional Probes: Client's relationship with persons to whom he/she will return after treatment.
Accessibility of "community services".

F58. Have you ever lived on a reservation?

F59. How many years of your life did you live on reservations?

F60. Are you satisfied living on reservations?

Intent/Key points: To record information about the patient's prior living on a reservation, duration of this living, and satisfaction with this situation. For item F58, enter whether or not the client has ever lived on a reservation. For item F59, enter the number of years and months patient has lived on a reservation. For item F60, selecting an "indifferent" response, must indicate that the person is (was) truly indifferent to the situation, not that he/she is (was) merely resigned to it.

Remind the client that "ever" in question F58 is in reference to one's entire life, even during infancy. For example, if the family made a reservation-to-city move when the client was younger. If the client does not know this type of information, record only what the client has knowledge of.

Suggested Interviewing Techniques: If client states that he/she did not live on a reservation, you may ask them:

"Mr. Smith, you state that you have never lived on a reservation. Could there have been a time when you were younger that you may have lived on one, maybe through hearing your parents/guardians speak of this?"

Additional Probes: If the client perhaps lived on a reservation for a period of time, relocated, and then moved back to the reservation, **total** the years that client was **on** reservation and record in F59.

Coding Issues: If F58=0, then F59 must also be 0.

F12 - F17. Would you say you've had close reciprocal relationships with any of the following people?:

Intent/Key points: Assesses the extent to which the patient has a history of being able to establish and maintain close, warm and mutually supportive relationships with any of the people listed. A simple "Yes" response is not adequate for these questions and some probing will be needed to determine specifically if there has been the ability to feel closeness and mutual responsibility in the relationship. Does the patient feel a sense of value for the person (beyond simple self-benefit)? Is the patient willing to work to retain/maintain these relationships?

Suggested Interviewing Techniques: You will have to ask a number of questions to get accurate responses to these items.

"Mr. Smith, have you had a long-lasting personal relationship with your mother? For example, would you go out of your way to do things for her? Would you loan her money if she needed it? Have you seen her recently? Do you miss her when you don't see her?"

Coding Issues:

It is particularly important for interviewers to make judicious use of the "Never had 'a relative'" and "Uncertain or I don't know" responses to these questions. In general, a "YES" response should be recorded for any category where at least one member of the relative category meets the criterion. In contrast a "NO" response should only be counted if all relatives in the category fail to meet the criterion. Click on the arrow to the right to view all selections for each question.

Crosscheck item with:

Family/Social status F18-F26 (possibly)

F18 - F26. Have you had significant periods in which you have experienced serious problems getting along with...?

Intent/Key points: To record information about extended periods of relationship problems. These items refer to serious problems of sufficient duration and intensity to jeopardize the relationship. They include extremely poor communication, complete lack of trust or understanding, animosity, constant arguments. If the patient has not been in contact with the person in the past 30 days it should be recorded as "N/A." An "N/A" should also be so be entered in categories that are not applicable, e.g., in the case of a patient with no siblings.

Suggested Interviewing Techniques: It is recommended that the interviewer ask the lifetime question from each pair, first. For example,

"Have you ever had a significant period in your past which you experienced serious problems with your father?"

Regardless of the answer the interviewer should inquire about the past 30 days. However, the interviewer should first inquire about whether there has been recent contact.

"Have you had any personal or telephone contact with your father in the past 30 days?" (If "No", record an "N/A" in the "Past 30 Days" column) If "Yes", ask: How have things been going with your father recently? Have you had any serious problems with him in the past 30 days?"

Additional Probes:

Nature of the problem

Facts about relationships (Number of siblings, children)

Coding Issues:

1. It is possible that a patient could have had serious problems with a father in the past but because of death, not have a problem in the past month. The correct coding in this case would be "YES" under lifetime and "N/A" under past 30 days. An "X" code (should be used for any situation where the patient simply can't recall or is not sure for any reason. It is better to use this code, than to record possibly inaccurate information.

2. Item F21 may include any regular, important sexual relationship.

3. IMPORTANT: Understand that the "Past 30 Days" and the "Lifetime" intervals in items F18 to F26 are designed to be considered separately. The past 30 days will provide information on recent problems while lifetime will indicate problems or a history of problems before the past 30 days.

Has anyone ever abused you?

F27. Emotionally

F28. Physically

F29. Sexually

Intent/Key points: These items have been added to assess what may be important aspects of the early home life for these patients (lifetime answers) and to assess dangers in the recent and possibly future environment (past 30 days' answers). It will be important to address these questions in a supportive manner, stressing the confidentiality of the information and the opportunities for the patient to raise this in subsequent treatment sessions with an appropriate provider.

Emotional abuse will generally be coded entirely by what the patient reports and it is understood that it will be difficult to judge whether the "actual" abuse reported (or lack of it) would be considered abuse to another person. No attempt should be made to do this since the intent here is to record the patient's judgment.

Physical abuse should follow the same guidelines as emotional abuse, with one caution. Simple spankings or other punishments should not be counted as abuse unless they were (in the eyes of the patient) extreme and unnecessary.

Sexual abuse is not confined to intercourse but should be counted if the patient reports any type of unwanted advances of a sexual nature by a member of either sex.

Suggested Interviewing Techniques: Ask as written, with examples as written.

"Mr. Smith, have any of the people that I just mentioned or anyone in your lifetime ever abused you emotionally? For example, has anyone ever humiliated you or made you feel ashamed by calling you names?"

Additional Probes:

Others' knowledge of the abuse

Crosscheck item with:

Family/Social item #s F7 & F8 (possibly), F18-F26 (possibly).

How many days in the past 30 have you had serious conflicts?

Have you ever abused anyone?

F62. Emotionally?

F63. Physically?

F64. Sexually?

Intent/Key points: These items have been added to gather information on the client's lifetime history of perpetration of abuse, and to assess dangers in the recent environment (past 30 days' answers). It is imperative that these items be addressed in a supportive, and conscientious manner, stressing the confidentiality of the information.

Emotional abuse should be coded entirely by what the patient reports. The intent here is to record the patient's judgment in whether or not they feel that they have emotionally abused another person. It is understood that it is difficult to judge whether the reported abuse (or lack thereof) would be considered abuse to another person, therefore no attempt should be made to do this.

Physical abuse should follow the same guidelines, with one caution. Simple spanking of children or other punishments should not be counted as abuse unless, in the eyes of the patient, they were extreme or unnecessary.

Be aware that sexual abuse is not confined to intercourse, but should be counted if the patient reports any type of forced sexual advances/acts towards a member of either sex.

Suggested Interviewing Techniques Let the client know that you realize that the following questions are difficult and very personal, but to please answer them with honesty and truth. You may also want to reiterate here the notion of confidentiality as well as your "duty to warn" if someone is in danger.

Questions such as the following may be asked:

"Mr. Smith, in your lifetime, have you ever abused anyone emotionally?" For example, making someone feel bad through harsh words?

"Mr. Smith, have you ever in your lifetime, intentionally or unintentionally, caused someone physical harm through a violent act(s)?"

"Mr. Smith, have you ever in your lifetime forced sexual advances/acts towards a member of either sex?"

Crosscheck item with:

Legal Status items L10, L12, & L13 (possibly)

Coding Issues: Be very clear with the client about your legal obligations upon disclosure of information about current or recent abuse, particularly to children or elders.

How many days in the past 30 have you had serious conflicts:

F30: With your family?

F31: With other people (excluding family)?

Intent/Key points: Conflicts require personal (or at least telephone) contact. Stress that you mean serious conflicts (e.g., serious arguments; verbal abuse, etc.) not simply routine differences of opinion. These conflicts should be of such a magnitude that they jeopardize the patient's relationship with the person involved.

Suggested Interviewing Techniques: Ask as written, with examples.

"Mr. Smith, how many days in the past 30 have you had serious conflicts...by serious, I mean conflicts which may have put your relationship with someone in your life in jeopardy...for example, a big blow-up..."

NOTE: If F30 = 00 and/or F31 = 00, we suggest that you ask questions F32 and F33, in the following way, to double-check that the patient really hasn't had problems.

"So, Mr. Smith, it sounds like you haven't had any serious conflicts with Family/Social problems in the past thirty days...may I assume that you haven't been bothered by any Family/Social problems...?"

OR

"So, Mr. Smith, it sounds like you haven't had any serious conflicts with Family/Social problems in the past thirty days...Using our client rating scale, how would you rate how troubled and or bothered you are by Family/Social problems?"

If the client responds that in fact he is "troubled and bothered" by Family/Social conflicts/problems but did not identify any days of conflicts/problems, you must probe and ask what Family/Social conflicts/problems would that be? You then must go back to F30 and/or F31 and ask how many days they were in fact bothered by those Family/Social conflicts/problems. Enter the number of days and then ask again F32 and F33.

Additional Probes:

The nature of the conflict (what did you fight about?)

Coding Issues:

If a conflict occurred only because a patient was under the influence of a substance, you should record the problem days in the drug/alcohol problem section, rather than the family/social section. Problem days recorded in this section should have their origins in interpersonal conflict, not substance abuse. They should be primarily relationship problems, not substance abuse problems.

- F32.** How troubled or bothered ... in the past 30 days by family problems?
F34. How important to you now is treatment or counseling for family problems?
F33. How troubled or bothered ...in the past 30 days by social problems?
F35. How important to you now is treatment or counseling for social problems?

Intent/Key Points: To record the patient's feelings about how bothersome any previously mentioned family and/or social problems have been in the last month, and how interested they would be in receiving (additional) counseling. These refer to any dissatisfaction, conflicts, or other relationship problems reported in the Family/Social section.

Suggested Interviewing Techniques: When asking the patient to rate the problem, mention it specifically, rather than using the term "problems." For example, if the patient reports being troubled by problems with his mother in the last thirty days, ask the patient question F32 in the following way:

"Mr. Smith, how troubled or bothered have you been in the past thirty days by the problems that you have had with your mother?"

Ask the patient question F34 in the following way:

"Mr. Smith, how important is it for you to talk to someone about the problems that you and your mother have been having?"

Additional Probes: Details of the problems

Coding Issues:

Do not include the patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends.

Do not include problems that would be eliminated if the patient's substance abuse problems were absent.

For Item F34, be sure that the patient is aware that he/she is not rating whether or not his/her family would agree to participate, but how badly he/she needs counseling for family problems in whatever form.

Crosscheck item with:

Other items in the section that refer to problems. Problems related to family and social relationships may be recorded in many places throughout the section. For example, dissatisfaction with marital status (item #F3), living arrangements (item F6), or free time (item F10) may be reported. In addition, patients may indicate a need for treatment to address serious problems (item F18-F26), or serious conflicts (item s F30 & F31).

NOTE:

If a client states they are "not at all" troubled and/or bothered in items F32 and F33, but states they are "considerably" interested in treatment. This may represent what appears to be an inconsistency in the client's response. Generally clients are not considerably interested in treatment for problems they do not consider themselves to have. In these situations the worker must go back and probe to clarify the inconsistency and enter the correct data or if the data is correct and the inconsistency has an explanation, please make a much needed notation in the comment section.

The same is true if the client responds that they are in fact "troubled and or bothered" by a problem but are "not at all" interested in treatment. This may represent what appears to be an inconsistency in the client's response. Generally clients are interested in treatment for problems they do consider themselves to have. In these situations the worker must go back and probe to clarify the inconsistency and enter the correct data or if the data is correct and the inconsistency has an explanation, please make a much needed notation in the comment section.

F36. Family/Social Section Severity Rating

NOTE:

Unlike the Alcohol and Drug Section, you will only be choosing one rating to represent the Family and Social Section. It will be a composite rating for both sections.

Remember the two step derivation method for severity ratings:

Step 1: Reduce the ten point scale (0-9) to two or three points, using only the objective items.

- 0-1 No problem, treatment not needed
- 2-3 Slight problem, treatment probably not indicated
- 4-5 Moderate problem, some treatment indicated
- 6-7 Considerable problem, treatment necessary
- 8-9 Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the critical objective items of the section.

Critical Objective Items of the Family/Social Section

ITEM	DESCRIPTION
2 - 3	Stability / Satisfaction - Marital
5 -6	Stability / Satisfaction - Living
10	Satisfaction with Free Time
18-26	Lifetime Problems with Relatives
30&31	Serious Conflicts

Step 2: Factor in the patient's rating scale. Pick the score that represents the patient's rating scale. For example, if the interviewer's three point range is 4-5-6, and the patient reports that he has been extremely bothered and he would be extremely interested in treatment for family / social problems, then select the highest point of the three point range (in this case, a "6") for the severity rating in this section.

The meaning of the "6" severity rating is that treatment is necessary for family and social issues The severity rating for this section should have no effect on any other sections.

NOTE: Select the rating that best reflects this clients need for "additional" treatment. Click on that rating.

Confidence Ratings

Is the above information "significantly distorted" by:

- F37.** Patient's misrepresentation?
- F38.** Patient's inability to understand?

Whenever a "yes" response is coded, the interviewer should record a brief explanation in the comments section.

The judgment of the interviewer is important in deciding the veracity of the patient's statements and his/her ability to understand the nature and intent of the interview. This does not mean simple "got a hunch" on the part of the interviewer, but rather this determination should be based on observations of the patient's responses following probing and inquiry when contradictory information has been presented or information that has already been supplied in the record.

These questions are not to be used as denial meters. Even when the worker is aware of inconsistencies in client's responses this does not automatically mean a "YES" answer will be recorded to these questions. The operant phrase here is "Significantly Distorted". If the entire section is not "significantly distorted" by a couple of misrepresentations and/or an inability to understand then you would select a "NO" response.

NOTE: It is the responsibility of the interviewer to monitor the consistency of information provided by the patient throughout the interview. It is not acceptable to simply record what is reported. Where inconsistencies are noted the interviewer must probe for further information and attempt to reconcile conflicting reports.

Psychiatric Status

Introduction: When administering this section, it is important to remember that the ASI should be considered a screening tool rather than a diagnostic tool. Therefore, a patient need not meet diagnostic criteria for a symptom to have experienced the symptom. Further, the ASI will not provide definitive information on whether drug problems preceded psychiatric problems, or vice versa. All symptoms other than those associated with drug effects should be counted in this section. For example, depression and sluggishness related to detoxification should not be counted, whereas depression and guilt associated with violating a friend's trust or losing a job should be counted.

How many times have you been treated for any psychological or emotional problems?

P1. In a hospital?

P2. As an outpatient or private patient?

Intent/Key points: This includes any type of treatment for any type of psychiatric problem. This does not include substance abuse, employment, or family counseling. (This does, however, include psychiatric treatment that took place in any of these settings) The unit of measure is a treatment episode (usually a series of fairly continuous visits or treatment days), not the number of visits or days in treatment per se.

If the patient is aware of his/her diagnosis, enter this in the comment section.

Suggested Interviewing Techniques: Ask as written.

"How many times have you been treated for any psychological or emotional problems?"

Additional Probes:

Names of programs

Ever received a diagnosis

Ever been put on medication during any of these treatments

Reasons for leaving each program

Was the treatment helpful?

P3. Do you receive a pension for a psychiatric disability?

Intent/Key points: Pensions for physical problems of the nervous system (e.g., epilepsy, etc.) should be counted under Item M5 in Medical Section, not here.

Suggested Interviewing Techniques: Ask as written.

"Mr. Smith, do you receive a pension for a psychiatric disability?"

Additional Probes:

Source of pension

Amount of pension

Crosscheck item with:

Employment/Support Status, Item E15

Have you had a significant period, (that was not a direct result of drug/alcohol use) in which you have...?

Past 30 days – Lifetime

P4. Experienced serious depression suggested by sadness, hopelessness, significant loss of interest, listlessness, difficulty with daily function, guilt, "crying jags," etc.

P5. Experienced serious anxiety or tension suggested by feeling uptight, unable to feel relaxed, unreasonably worried, etc.

Intent/Key points: These lifetime items refer to serious psychiatric symptoms experienced over a significant time (approximately 2 weeks). The patient should understand that symptoms that are the direct biochemical result of alcohol, drugs or withdrawal are not included. This means that the behavior or mood is not due to a state of drug or alcohol intoxication, or to withdrawal effects.

Suggested Interviewing Techniques: We recommend that you ask the lifetime questions before you ask the questions pertaining to the last 30 days. Regardless of the answer, the interviewer should inquire about the past 30 days. For example, the interviewer should ask, "How about more recently? Have you experienced severe depression in the past 30 days?"

"Mr. Smith, have you had a significant period in your life in which you have experienced serious depression?"

You may find it helpful to ask him about the circumstances surrounding the time when he was experiencing the symptom: "What was going on in your life that made you feel that way?"

You may decide to ask him directly.

"During that time, were you doing drugs that made you feel anxious, or was it an anxiety that occurred even when you weren't doing drugs?"

"Do you ever feel that way when you are not using substances?"

Finally, ask him about the last 30 days:

"Have you experienced any anxiety during the last 30 days?"

Additional Probes:

Circumstances surrounding the time when the patient experienced the symptom

Ask if the depression and anxiety were related to (not biochemically caused by) the substance abuse problem.

Coding Issues:

Again, understand that the "Past 30 Days" and the "Lifetime" intervals are designed to be considered separately.

The past 30 days will provide information on recent problems, while lifetime will indicate problems or a history of problems prior to the past 30 days.

Have you had a significant period, (that was not a direct result of drug/alcohol use) in which you have...?

Past 30 days - Lifetime

**P6. Experienced hallucinations (saw things/heard voices that others didn't see/hear)
>not related to religious/ceremonial practices.**

P7. Experienced trouble understanding, concentrating or remembering?

Intent/Key Points: Item P7 Lifetime refers to serious psychiatric symptoms over a significant time (approximately 2 weeks). Item P6 Lifetime, is of sufficient importance that even its brief existence warrants that it be recorded. For items P6 and P7, the patient should understand that symptoms that are the direct biochemical result of alcohol, drugs or withdrawal are not included. It has been our experience that the patient will usually be able to differentiate a sustained period of emotional problem from a drug or alcohol induced effect.

It is particularly important to let the patient know that hallucinations related to religious, spiritual, or ceremonial practices such as sweat lodges or sundances would not be coded here.

Suggested Interviewing Techniques: We recommend that you ask the lifetime questions before you ask the questions pertaining to the last 30 days.

"Mr. Smith, have you had a significant period in your life in which you saw things other people didn't see or hear things others didn't hear?"

"How about the last 30 days?"

"Any of those types of experiences?"

Additional Probes:

The nature of the hallucination (what the patient saw or heard)

Coding Issues:

Understand that the "Past 30 Days" and the "Lifetime" intervals are designed to be considered separately. The past 30 days will provide information on recent problems while lifetime will indicate problems or a history of problems prior to the past 30 days.

Have you had a significant period, in which you have...?

Past 30 days - Lifetime

P8. Experienced trouble controlling violent behavior including episodes of rage, or violence:

P9. Experienced serious thoughts of suicide: Times when patient seriously considered a plan for taking his/her life.

P10. Attempted suicide: Include discrete suicidal gestures or attempts.

Intent/Key Points: Items P8, P9 and P10 are of sufficient importance that even their brief existence warrants that they be recorded. Further, the seriousness of items P8, P9, and P10 warrant inclusion even if they were caused by or associated with alcohol or drug use.

IMPORTANT: For item P9, Ask the patient if he/she has recently considered suicide. If the answer is "Yes" to this question, and/or the patient gives the distinct impression of being depressed to the point where suicide may become a possibility, notify a senior member of the treatment staff of this situation as soon as possible.

An interviewer should probe further: How recent were the thoughts? Are they current? Does the client have a plan? Do they have access to the plan? Do they have a history of attempted suicide? (This is the question asked in P10. If the answers to any of these questions is "YES" notify a senior member of the treatment staff of this situation as soon as possible. This is a situation that may require immediate response by the treatment agency.

Suggested Interviewing Techniques: We recommend that you ask the lifetime questions before you ask the questions pertaining to the last 30 days.

"Mr. Smith, have you had a significant period in your life in which you have experienced trouble controlling violent behavior?"

Then - "Have you experienced trouble controlling violent behavior during the last 30 days?"

Additional Probes:

Circumstances surrounding the symptom (What made you get violent?)

Details of their suicide plan (How were you going to do it?)

Who would they prefer to call if making a safety contract?

Coding Issues:

Understand that the "Past 30 Days" and the "Lifetime" intervals are designed to be considered separately. The past 30 days will provide information on recent problems while lifetime will indicate problems or a history of problems prior to the past 30 days.

Have you had a significant period, in which you have...?

Past 30 days - Lifetime

P11. Been prescribed medication for psychological and emotional problems?

>The medicine must have been prescribed for the patient, by a physician, for a psychiatric or emotional problem. Record "YES" if the medication was prescribed, even if the patient did not take it.

Intent/Key Points: To record information about whether the patient has had psychiatric problems that warrant medication.

Suggested Interviewing Techniques: It is recommended that the interviewer ask the lifetime question from each pair, first. For example:

"Have you ever taken prescribed medication for any psychological or emotional problem?"

Regardless of the answer, the interviewer should inquire about the past 30 days.

"How about more recently? Have you taken any psychiatric medication in the past 30 days?"

If you probed sufficiently in any of the earlier questions you may have found out a client was on prescribed medications. You may want to ask this question in the following way.

"You stated earlier you were prescribed and were taking Name of the drug (i.e. Prozac, Zoloft, Mellaril etc.) as a result of the hospitalization you were telling me about in 1997. Aside from this have you been prescribed any other medications for psychological and or emotional problems?"

Additional Probes:

The types of medication taken

The patient's perception of the reason for the medication to be taken

Whether or not the patient has been taking it as prescribed

Was the medication helpful to the patient?

Coding Issues:

Understand that the "Past 30 Days" and the "Lifetime" intervals are designed to be considered separately. The past 30 days will provide information on recent problems while lifetime will indicate problems or a history of problems before the past 30 days.

P12. How many days in the past 30 have you experienced these psychological or emotional problems?

Intent/Key Points: To record the number of days that the patient has experienced the previously mentioned psychological or emotional problems. Be sure to have the patient restrict his/her responses to those problems counted in Items P4 through P11.

Suggested Interviewing Techniques: Although many patients admit experiencing some of the individual symptoms, they may not identify them as "psychological or emotional problems." For example, they may say that although they have had trouble controlling violent behavior in the past 30 days, they have not experienced any emotional problems. ("Hey, I 'm not crazy...People mess with me, I defend myself.") Therefore, we have found it helpful to target the question to the specific symptoms reported in Items P4 - P11. For example:

"Mr. Smith, how many days in the past 30 have you experienced the anxiety (or the depression, or the trouble controlling violent behavior) that you mentioned?"

Additional Probes:

Duration of the symptom

Trigger for the symptom (if applicable)

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

P14. How important to you now is treatment for these psychological problems?

Intent/Key Points: To record the patient's feelings about how bothersome the previously mentioned psychological or emotional problems have been in the last month and how interested they would be in receiving (additional) treatment. Be sure to have the patient restrict his/her response to those problems counted in Items P4 through P11.

Suggested Interviewing Techniques: When asking the patient to rate the problem, use the name of it, rather than the term "psychological problems." For example, if the patient reports having trouble with serious anxiety in the last thirty days, ask the patient question 11 in the following way:

"Mr. Smith, how troubled or bothered have you been in the past thirty days by the anxiety that you mentioned?"

Ask Item #14 in the following way:

"Mr. Smith, how important would it be for you to get (additional) treatment for the anxiety that you mentioned?"

Coding Issues:

Referring to item P13, have the patient rate the severity of those problems in the past 30 days in P12. Be sure that patient understands that you do not necessarily mean transfer to a psychiatric ward, or psychotropic medication.

NOTE: If P12=00, we suggest that you ask questions P13 and P14 in the following way, to double-check that the patient really hasn't had problems.

"So, Mr. Smith, it sounds like you haven't had any emotional or psychological problems in the past thirty days...may I assume that you haven't been bothered by any emotional and or psychological problems...?"

OR

"So, Mr. Smith, it sounds like you haven't had any emotional or psychological problems in the past thirty days...Using our client rating scale, how would you rate, how troubled and or bothered you are by emotional or psychological problems?"

If the client responds that in fact he is "troubled and bothered" by emotional or psychological problems but did not identify any days of problems, you must probe and ask what emotional or psychological problems would that be? You then must go back to P12 and ask how many days they were in fact bothered by those emotional or psychological problems. Enter the number of days and then ask P13 and P14.

Coding Issues:

For item P14, emphasize that you mean additional emotional or psychological treatment for those problems specified in Item P12.

If a client states they are not at all troubled and or bothered in P12, but states they are considerably interested in treatment. This may represent what appears to be an inconsistency in the client's response. Generally clients are not considerably interested in treatment for problems they do not consider themselves to have. In these situations the worker must go back and probe to clarify the inconsistency and enter the correct data or if the data is correct and the inconsistency has an explanation, please make a much needed notation in the comment section.

The same is true if the client responds that they are in fact "troubled and or bothered" by a problem but are "not at all" interested in treatment. This may represent what appears to be an inconsistency in the client's response. Generally clients are interested in treatment for problems they do consider themselves to have. In these situations the worker must go back and probe to clarify the inconsistency and enter the correct data or if the data is correct and the inconsistency has an explanation, please make a much needed notation in the comment section.

P15 - 20. Patient Symptoms: These are ratings by the interviewer based on his/her observations of the patient. The interviewer should use his judgment based upon the patient's behavior and answers during the interview. Do not over interpret; count only the presence of overt symptoms in these categories. Clients experience an appropriate amount of anxiety during the assessment interview that is quite natural and expected. This would not be counted as the client being "Obviously anxious or nervous."

At the time of the interview is the patient:

P15. Obviously depressed / withdrawn.

P16. Obviously hostile.

P17. Obviously anxious / nervous.

P18. Having trouble with reality testing, thought disorders, paranoid thinking

P19. Having trouble comprehending, concentrating, remembering.

P20. Having suicidal thoughts.

NOTE:

If a "YES" response is recorded it is strongly recommended that you make the appropriate notation in the comment section justifying the "YES" response. Remember we are recording Overt Symptoms.

P21. Psychiatric Status Severity Rating:

Remember the two step derivation method for severity ratings:

Step 1: Reduce the ten point scale (0-9) to two or three points, using only the objective items (Items 1-11 in the Psychiatric Status section).

- 0-1 No problem, treatment not needed
- 2-3 Slight problem, treatment probably not indicated
- 4-5 Moderate problem, some treatment indicated
- 6-7 Considerable problem, treatment necessary
- 8-9 Extreme problem, treatment absolutely necessary

Consider adjusting the range based on the critical objective items of the section.

Critical Objective Items of the Psychiatric Status Section

ITEM	DESCRIPTION
1	Lifetime Hospitalizations
4 - 11	Present and Lifetime Symptoms

Step 2: Factor in the patient's rating scale. Pick the score that represents the patient's rating scale. For example, if the interviewer's three point range is 4-5-6, and the patient reports that he has been extremely bothered and he would be extremely interested in treatment for psychological / emotional problems, then select the highest point of the three point range (in this case, a "6") for the severity rating in this section.

The meaning of the "6" severity rating is that treatment is necessary for the psychiatric section. The severity rating for this section should have no effect on any other sections.

NOTE: Select the rating that best reflects this clients need for "additional" treatment. Click on that rating.

Confidence Ratings

Is the above information "significantly distorted" by:

P22. Patients misrepresentation?

P23. Patients inability to understand?

Whenever a "yes" response is coded, the interviewer should record a brief explanation in the comments section.

The judgement of the interviewer is important in deciding the veracity of the patient's statements and his/her ability to understand the nature and intent of the interview. This does not mean simple "got a hunch" on the part of the interviewer, but rather this determination should be based on observations of the patient's responses following probing and inquiry when contradictory information has been presented or information that has already been supplied in the record.

These questions are not to be used as "denial meters". Even when the worker is aware of inconsistencies in client's responses this does not automatically mean a "yes" answer will be recorded to these questions. The operant phrase here is "Significantly Distorted". If the entire section is not "significantly" distorted by a couple of misrepresentations and or an inability to understand then you would select a "NO" response.

NOTE: It is the responsibility of the interviewer to monitor the consistency of information provided by the patient throughout the interview. It is not acceptable to simply record what is reported. Where inconsistencies are noted the interviewer must probe for further information and attempt to reconcile conflicting reports.

Spiritual & Ceremonial Practices

Introduction: This section is, by far, the most abstract, yet engaging, section within the entire instrument. This section can be found on no other version of the Addiction Severity Index. When dealing with a client's spiritual and ceremonial practices, one must be reverent and pious in all aspects. This section, as with all others, should be administered with the utmost respect and dignity.

S1. Do you have a belief in a “God”, a “Higher Power”, or “Creator”?

Intent/Key points: To determine whether or not the client has a belief in a “Supreme Being”.

Suggested Interviewing Techniques: Word the question just as written. Do not eliminate descriptive words. You may also want to add descriptions such as “supreme being” or “a being that rules or reigns over all others”.

Additional Probes: If client answers “yes”, you may also want to probe for the referred name of this “higher power” or “supreme ruler” and for client's belief and depth of belief.

Concerning your spiritual life, what changes would you like help making?

S2. Learning more about prayer?

S3. Learning more about meditation?

S4. Education about a particular religion/spirituality?

S5. Changing attitude toward God/Creator?

Intent/Key Points: To identify facets in client's life where he/she may desire a change/improvement. These changes may be about prayer, meditation, education about a particular religion/spirituality, or about a change in attitude toward God/Creator. If client answers “yes” for any of the above questions, be sure to specify in the comment section.

Suggested Interviewing Techniques: If client reports an answer of “no” to any of the above questions, you may ask questions like:

“Mr. Smith, you just stated that you have no desire in making any changes in learning more about prayer (meditation, education about a particular religion/spirituality, or about your attitude toward God/Creator). Would you say that you are content in you current state of affairs in regards to your prayer life (mediation practices, education about a particular religion/spirituality, or about a change in attitude toward God/Creator)? Or is your answer of ‘no’ due to the fact that you don't practice prayer (meditation, religion/spirituality, or you don't desire a change in your attitude toward God/Creator) at all or are indifferent about it?”

If client reports an answer of “yes” to any of the above questions, you may ask questions like:

“Mr. Smith, what type of changes would you like help making in you life in regards to prayer (meditation, education about a particular religion/spirituality)? And how would you like to go about making these changes?”

Additional Probes: Probe about client's religion/spirituality so that you may better be able to comment about question S4.

S6. Do you have a spiritual leader or traditional /cultural person available for guidance?

S7. Do you seek out and utilize this person from time to time?

Intent/Key Points: To record information about the availability of client's spiritual leadership and if availability does indeed exist, the utilization of this leadership. If in question S1, client reports an answer of “no” in reference to

having a belief in a “God” or “Higher Power”, it is quite likely that S6 and S7 may be answered as “no” by the client. The previous statement is not definite, but is, rather, quite possible.

Suggested Interviewing Techniques: Be sure to let the client know that this question is in reference to “spiritual leadership”, not to someone in their community that they may “look up to” as, say, a role model or someone older than them or close to them that merely gives them advice; this is more in reference to a pastor/priest/bishop-type person.

Additional Probes: You may probe further to find out how often this person is utilized by the client and to what extent/depth this utilization occurs.

If client reports that he/she does indeed have a belief in a “God” or “Higher Power” but answers “no” in questions S6 & S7, it may be wise to further probe as to whom, if anyone, does the client seek for spiritual leadership (e.g. close friends, confidante, or does client simply keep all feelings inside).

Coding Issues: If the client responds “no” to question S6, then the answer to be coded in S7 is automatically “no”.

S8. Are you comfortable with your spirituality and beliefs?

Intent/Key Points: To record information about the patient’s comfort with his/her spirituality and beliefs. As in questions S6 & S7, if in question S1, client reports an answer of “no” in reference to having a belief in a “God” or “Higher Power”, it is quite likely that S8 may be answered as “no” by the client. The previous statement is not definite, but is, rather, highly possible.

If client reports a feeling of indifference, this response must indicate that the patient is genuinely comfortable with his/her spirituality, not that he/she is merely resigned to it. For example, if the client’s family is of a certain religion, and the patient doesn’t genuinely believe in its practices or customs, but, rather, just adheres to them because of the family’s affiliation with this particular religion.

Suggested Interviewing Techniques: You may ask client questions such as:

“Mr. Smith, what is it that makes you uncomfortable with your spirituality?”

“What, in your opinion, can be done to alleviate this uncomfortable feeling?”

Additional Probes: Reasons for discomfort (if applicable)

Do you regularly participate in?

S9. Native American religious ceremonies/activities (sweat lodges, sundances, etc.)

S10. Native American Church Meetings?

S11. Native American cultural activities?

S12. Native American dance activities?

Intent/Key Points: To determine amount of regular client participation in Native American activities (cultural, religious, etc.). For the above items code “yes” only if client regularly participates in the above activities/meetings. If client only participates “once in a while”, this does not constitute regular participation.

Suggested Interviewing Techniques: You may have to provide a frame of reference (weekly, monthly, bi-weekly, etc.) for the client.

You may ask the client questions such as:

“Mr. Smith, do you consider yourself to be a regular participant of Native American religious ceremonies (Church Meetings, cultural activities, etc.)?”

“Mr. Smith, how often, if at all, do you participate in Native American religious ceremonies (Church Meetings, cultural activities, etc.)?”

“Mr. Smith, have you participated in any Native American activities in the past 30 days (week, year, etc.)?”

Additional Probes: You may also want to probe and comment on what is done in these activities if client cares to disclose this type of information.

You may also want to probe and comment on reasons for lack of participation.

S13. Are you familiar with your native language?

What is the primary language you speak:

(1= Native language, 2 = English, 3 = Spanish, 4= Other)

S14. At home?

S15. With friends?

Intent/Key Points: To assess the extent of a client’s familiarity with his/her native language. This item refers to familiarity, which is not necessarily equivalent to fluency in the native language, but, rather that the client has indeed heard of, or has been in the presence of his/her native language being spoken. For example, if the client knows simple phrases in his/her native language, or can carry on a simple conversation in the language.

Also, to record the primary language spoken at home and with friends. This item is, in fact, in reference to fluency, but is, at the same time, in reference to the primary language spoken by the client in their place of residence and in the presence of friends; most likely the language that is spoken most often. Do not assume here that just because someone is fluent in a language, that this language is the primary language spoken at home and with friends; be certain to inquire of the primary language.

Suggested Interviewing Techniques: You may ask questions such as:

“Mr. Smith, are you fluent in your Native language?” (if this answer is ‘yes’, item S13, should automatically be coded “1”).

“Mr. Smith, what language do you consider to be your primary language?”

“Mr. Smith, in what language do you speak most often at home (with friends)?”

Additional Probes: You may want to probe and find out if client is equally familiar with more than one language (e.g. English and native language or Spanish and native language). Also, if client primarily speaks more than one language at home and around friends due to the fact that maybe not all of his friends/family are of the same ethnicity.

Coding Issues: If the client is fluent in his/her native language, item S13 should automatically be coded “1”.

S16. How many days in the past 30 have you had concerns or problems with spiritual or cultural practices?

Intent/Key Points: To record the number of days out of the past 30, that any concerns/problems, dealing with spiritual/cultural practices, have arisen and manifested themselves. This item refers to the number of days that the patient has experienced any dissatisfaction with his/her spiritual or cultural practices, and not to the severity of the problem(s).

Suggested Interviewing Techniques: Ask the above question as written, with examples.

“Mr. Smith, how many days in the past 30 have you had any concerns or problems with you spiritual or cultural practices, where you may have felt distressed or sad about these things?”

“Have you sought guidance for these concerns/problems from possibly some sort of spiritual leader or confidante?”

Additional Probes: The nature of the concerns or problems (what are these concerns in regards to?)

Coding Issues: If the client states in items S6 and/or S7, that he/she does not have a spiritual leader or traditional/cultural person available for guidance, but answers “yes” that he/she has sought guidance for the above concerns/problems, you should go back and probe further.

S17. How troubled or bothered have you been by problems with spiritual or cultural practices?

S18. How important to you now is counseling for these problems/concerns? (including learning Native American cultural practices & ceremonies)

Intent/Key Points: To record the patient's feelings about how bothersome any previously mentioned spiritual or cultural problems or concerns have been in the last month, and how interested they would be in receiving (additional) counseling. These refer to any dissatisfaction, conflicts, or other relationship problems reported in the Spiritual & Ceremonial Section.

Suggested Interviewing Techniques: When asking the patient to rate the problem, mention it specifically, rather than using the term "problems." For example, if the patient reports being troubled by problems with a certain religious ceremony such as a sweat or sundance, phrase the question as such:

"Mr. Smith, how troubled or bothered have you been in the past thirty days by the problems that you have had with your ceremonial sweat lodge or sundance?"

Ask the patient question S18 in the following way:

"Mr. Smith, how important is it for you to talk to someone about the problems that you have just mentioned

Additional Probes:

Details of the problems

Coding Issues: Do not include problems that would be eliminated if the patient's substance abuse problems were absent.

For Item F34, be sure that the patient is aware that he/she is not being guaranteed treatment, but how badly he/she feels that counseling for spiritual problems is needed in whatever form.

Crosscheck item with:

Other items in the section that refers to problems.

NOTE:

If a client states they are "not at all" troubled and/or bothered in items S17, but states they are "considerably" interested in treatment in item S18. This may represent what appears to be an inconsistency in the client's response.

Generally clients are not considerably interested in treatment for problems they do not consider themselves to have. In these situations the worker must go back and probe to clarify the inconsistency and enter the correct data or if the data is correct and the inconsistency has an explanation, please make a much needed notation in the comment section.

The same is true if the client responds that they are in fact "troubled and or bothered" by a problem but are "not at all" interested in treatment. This may represent what appears to be an inconsistency in the client's response. Generally clients are interested in treatment for problems they do consider themselves to have. In these situations the worker must go back and probe to clarify the inconsistency and enter the correct data or if the data is correct and the inconsistency has an explanation, please make a much needed notation in the comment section.

NOTE: The software program will prompt you with a reminder box if such inconsistencies are reported. You will be alerted to the inconsistency and asked if you would like to go back and probe further in order to clarify the appearance of inconsistencies and/or recode the responses.

S19. How would you rate the patient's need for spiritual or cultural counseling?

Confidence Ratings

Is the above information "significantly distorted" by:

S20. Patient's misrepresentation?

S21. Patient's inability to understand?

Whenever a "yes" response is coded, the interviewer should record a brief explanation in the comments section.

The judgement of the interviewer is important in deciding the veracity of the patient's statements and his/her ability to understand the nature and intent of the interview. This does not mean simple "got a hunch" on the part of the interviewer, but rather this determination should be based on observations of the patient's responses following probing and inquiry when contradictory information has been presented or information that has already been supplied in the record.

These questions are not to be used as denial meters. Even when the worker is aware of inconsistencies in client's responses this does not automatically mean a "YES" answer will be recorded to these questions. The operant phrase here is "Significantly Distorted". If the entire section is not "significantly distorted" by a couple of misrepresentations and/or an inability to understand then you would select a "NO" response.

NOTE: It is the responsibility of the interviewer to monitor the consistency of information provided by the patient throughout the interview. It is not acceptable to simply record what is reported. Where inconsistencies are noted the interviewer must probe for further information and attempt to reconcile conflicting reports.