

HOMELESS HEALTH CARE LOS ANGELES

Addiction Severity Index

Today's Date:

Staff:

Client ID #

Last Name:

First Name:

Instructions

1. Leave **NO** blanks. Where appropriate code items:
X = question not answered
N = question not applicable
- Use only one character per item.
2. Item numbers circled are to be asked at follow-up. Items with an asterisk are cumulative and should be rephrased at follow-up. (see Manual)
3. Space is provided after sections for additional comments.

Severity Ratings

The severity ratings are interviewer estimates of the patient's need for additional treatment in each area. The scales range from 0 (no treatment necessary) to 9 (treatment needed to intervene in life-threatening situation). Each rating is based upon the patient's history of problem symptoms, present condition and subjective assessment of his treatment needs in a given area. For a detailed description of severity ratings' derivation procedures and conventions, see manual.

Note: **These severity ratings are optional.**

SUMMARY OF PATIENT'S RATING SCALE

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

MEDICAL STATUS

- *1. How many times in your life have you been hospitalized for medical problems? (Include o.d.'s, d.t.'s, exclude detox.)
2. How long ago was your last hospitalization for a physical problem? Years Months
3. Do you have any chronic medical problems which continue to interfere with your life?
0 - No 1 - Yes Specify _____
4. Are you taking any prescribed medication on a regular basis for a physical problem?
0 - No 1 - Yes
5. Do you receive a pension for a physical disability (Exclude psychiatric disability.)
0 - No 1 - Yes Specify _____
6. How many days have you experienced medical problems in the past 30?

FOR QUESTIONS 7 & 8 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

7. How troubled or bothered have you been by these medical problems in the past 30 days?
8. How important to you now is treatment for these medical problems?

INTERVIEWER SEVERITY RATING

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

CONFIDENCE RATINGS

Is the above information significantly distorted by:

10. Patient's misrepresentation?
0 - No 1 - Yes
11. Patient's inability to understand?
0 - No 1 - Yes

Comments:

	DAYS	YEARS	RT OF ADM.**
1. Alcohol - Any use at all			
2. Alcohol - To Intoxication			
3. Heroin			
4. Methadone			
5. Other opiates/analgesics			
6. Barbituates			
7. Other Sed/hyp/tranq.			
8. Cocaine			
9. Amphetamines			
10. Cannabis			
11. Hallucinogens			
12. Inhalants			
13. More than one substance per day/ Including alcohol			

Note: See manual for representative examples for each drug class

**ROUTE OF ADMINISTRATION:

1 = Oral, 2 = Nasal, 3 = Smoking, 4 = Non IV inj., 5 = IV inj.

14. Which substance is the major problem?

Please code as above or 00 - No problem;

15 - Alcohol & Drug (Dual addiction);

16 - Polydrug; *when not clear, ask patient.*

15. How long was your last period of voluntary abstinence from this major substance?
(00 - Never abstinent) Months

16. How many months ago did this abstinence end?
(00 - Still abstinent)

*17. How many times in your life have you:
Had Alcohol d.t.'s
Overdosed on Drugs?

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

*19. How many of these were detox only?
Alcohol
Drug

20. How much would you say you spent during the past 30 days on:
Alcohol
Drug

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

22. How many days in the past 30 days have you experienced:
Alcohol problems
Drug problems

FOR QUESTIONS 23 & 24 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

23. How troubled or bothered have you been in the past 30 days by these:
Alcohol problems
Drug problems

24. How important to you now is treatment for these:
Alcohol problems
Drug problems

INTERVIEWER SEVERITY RATING

25. How would you rate the patient's need for treatment for:
Alcohol Abuse
Drug Abuse

CONFIDENCE RATINGS

Is the above information significantly distorted by:

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

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

Comments: