**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.

---

**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:
DRUG/ALCOHOL USE

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

**Notes**: 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)

16. How many months ago did this abstinence end? 

(00 - Still abstinent)

19. How many of these were detox only?

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

21. How many days gave 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: 

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

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

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

26. Patient's misrepresentation? 

0 - No  1 - Yes

27. Patient's inability to understand? 

0 - No  1 - Yes