HOMELESS HEALTH CARE LOS ANGELES

Addiction Severity Index

Today's Date: _____ Staff: _____ Client ID # _____

Last Name: _____ First Name: _____

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 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: 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: