KENTUCKY DRUG COURT ASI

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Version 4.0

Adapted from McLellan, A., Luborsky, L., O'Brien, C., & Woody, G. (1980) An improved diagnostic instrument for substance abuse patients: The addiction severity index. Journal of Nervous and Mental Diseases, 168, 26-33. McLellan, A., Kuchner, H., Metzger, D., Peters, F., Smith, I., Grissom, G., Pettinati, H., & Argeriou, M. (1992). The fifth edition of the addiction severity index. Journal of Substance Abuse Treatment, 9, 199-213. Brown, E., Frank, D., & Friedman, A. (1997). Supplementary Administration Manual for the Expanded Female Version of the Addiction Severity Index (ASI) Instrument The ASI-F. US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. DHHS Publication Number 96-8056.

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Kentucky Drug Court ASI

Date of Assessment __ __/__ __/__ __ __ __

Time assessment begun __ __: __ __ 1=a.m. 2= p.m.

Interviewer:_____

Drug Court Site: _____

Section 1: Locator Information

The first section asks about your contact information.

1. Client name_____, _____ _____
   Last name First name MI

2. What is your current address? _____
   Street address

   _____
   City, State, Zip code

3. How long have you lived at this address? _____Years

4. Is your current residence owned by you or your family? 0=NO 1=YES

5. What is your best mailing address? _____
   Street address

   _____
   City, State, Zip code

6a. What is the best phone number to reach you? (_____) _____

6a1. Who else might answer that phone?

Full name: _____ Relationship_____

Full name: _____ Relationship_____

6b. Is there another number that you may be reached at? (_____) _____

6b1. Who else might answer that phone?

Full name: _____ Relationship_____

Full name: _____ Relationship_____

7. Do you currently work or know where you plan to work in the near future?

0=NO → ***If NO, Skip to Question # 10***

1=YES

8. What is the name of the place you work or plan to work?_____

8a. What is your work phone number? (_____)_____

9. Work address _____
Street address

_____
City, State, Zip code

10. Please tell me the name of your mother or grandmother or other close relative that usually knows where you are or that you maintain regular contact with:

A) Full name: _____
First Middle Last

Address: _____
Street City ST Zip

Phone: (_____)_____ Relationship _____

11. Do you have any other relatives or friends who usually know how to reach you?

B) Full name: _____
First Middle Last

Address: _____
Street City ST Zip

Phone: (_____)_____ Relationship _____

12. Interviewer comments on client contact information:

Section 2: Demographic Information

This section asks about your demographic information and about your child(ren) if you have any.

1. What is your birth date? __ __/__ __/__ __ __ __
   MM DD YYYY

2. What is your Social Security Number? *(Interviewer, if possible verify this number with a social security card. This number needs to be accurate!)*

   _____

3. Are you: 1=Male 2=Female

4. In what country were you born?

   1=US → ***If BORN IN U.S., Skip to Question # 5***

   2=Non-US born

   4a. If not born in the U.S., how many years have you lived in the U.S.?

   _____ years

5. What country was your mother born? 1=US 2=Non-US born

6. What country was your father born? 1=US 2=Non-US born

7. What race do you consider yourself to be?

   1=White (not of Hispanic origin) 2=Black
   3=Biracial 4=Native American
   5=Alaskan Native 6=Asian or Pacific Islander
   7=Hispanic-Mexican 8=Hispanic-Dominican
   9=Hispanic-Puerto Rican 10=Hispanic-Cuban
   11=Other Hispanic 12=Other

8. What language do you usually speak?

1=English 2=Spanish 3=French

4=Haitian Creole 5=Portuguese 6=Portuguese/Cape Verdean

7=Other 9=Unknown/Don't Know

9. Do you have a particular religion you follow?

1=Protestant 2=Catholic 3=Jewish

4=Islamic 5=Other 6=None

10. Have you been in a controlled environment in the past 30 days like a hospital or jail (not a shelter)?

0=NO → ***If NO, Skip to Question # 11***

1=YES

10a. *If yes*, please tell me which controlled environment(s) you have been in and how many days you have spent in that environment in the previous 30 days:

WHICH CONTROLLED ENVIRONMENT(S)	0=NO	1=YES	# DAYS
Jail	0	1	
Alcohol or Drug Treatment	0	1	
Medical Treatment	0	1	
Psychiatric Treatment	0	1	
Other (specify):	0	1	

11a. ***If Female ask*** "How many times have you been pregnant?"

_____times → ***If 0, Skip to Question # 18***

11b. ***If Male ask*** "How many pregnancies have you been responsible for?"

_____pregnancies → ***If 0, Skip to Question # 18***

12. How many of those pregnancies resulted in a live birth?

_____pregnancies → ***If 0, Skip to Question # 18***

13. How old were you when the *first* baby was born? _____years old

14. How many children do you have? _____children

15. Starting with the youngest child, please answer the following:

INSTRUCTIONS FOR TABLE

A. What is the gender of this child? *(Circle one)* 1=Male 2=Female
B. What is the birth date of this child? *(record date of birth)*
C. Who does this child live with? *(record number corresponding to answer)*
0=Respondent 1=Other parent 2=Other family member
3=Friend 4= Step parent 5=Foster care
6=Adopted 7=Institution 8=Deceased
9=Lost custody 10=Other 11=Not applicable
D. What is the legal custody status of this child? *(record number corresponding to answer)*
1=Joint—Mother primary 2=Joint—Father primary 3=Joint—Equal
4=Sole mother 5=Sole father 6=Other family
7=Friend 8=Ward of the state 9=Child is an adult
10=Other
E. How many days per month, on average, do you see this child? *(record number of days)*
F. Do you pay child support for this child? *(record number corresponding to answer)*
1=YES, court ordered 2=YES, not court ordered
3=NO, court ordered 4=NO, not court ordered
5=NOT APPLICABLE

START W/ YOUNGEST CHILDREN	A CHILDS GENDER	B CHILDS DOB MM/DD/YYYY	C WHO DOES CHILD LIVE WITH?	D LEGAL CUSTODY STATUS?	E VISITS W/ CLIENT #DAYS/MONTH?	F DOES CLIENT PAY CHILD SUPPORT?
Child1	1 2					
Child2	1 2					
Child3	1 2					
Child4	1 2					
Child5	1 2					
Child6	1 2					
Child7	1 2					
Child8	1 2					
Child9	1 2					
Child10	1 2					

16. How much child support are you ordered to pay per month? $_____

17. How much child support are you actually paying per month? $_____

18. Are there other children living with you now that you take care of?

0=NO → ***If NO, Skip to Question # 19***

1=YES

18a. If yes, list their gender and birth date:

DEPENDANTS	GENDER 1=MALE 2=FEMALE	DOB MM/DD/YYYY
Dependant1	1 2	
Dependant2	1 2	
Dependant3	1 2	

19. Interviewer comments on client demographic and child(ren) information:

Section 3: Medical Health Information

The following questions ask about your medical health history.

1. How many times in your life have you been hospitalized for medical problems?
   (Include ODs and DTs; Exclude birth of a child)

   _____times → ***If 0, Skip to Question # 3***

2. How long ago was your last hospitalization for a physical problem?
   (Exclude birth of a child)

   1=less than six months 2=6-12 months ago

   3=1-2 years ago 4=2-3 years ago

   5=more than 3 years

3. Do you have any chronic medical problems that continue to interfere with your life?

   0=NO

   1=YES; ***IF YES,*** what? _____
   (If there are multiple answers please separate by commas)

4. Have you ever had any of the following health problems?

HEALTH PROBLEMS	0=NO 1=YES
Hepatitis (B, C)	0 1
Chlamydia (NGU)	0 1
Syphillis	0 1
Gonorrhea (GC, clap, dose)	0 1
Pelvic Inflammatory Disease (PID)	0 1
Genital Warts (HPV, venereal warts)	0 1
HIV+	0 1
AIDS	0 1

5. Have you ever had a fit or seizure? 0=NO 1=YES

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

   0=NO

   1=YES; ***IF YES,*** what? _____
   (If there are multiple answers please separate by commas)

7. Do you receive a pension for a physical disability? *(Exclude psychiatric disability)*

   0=NO

   1=YES; ***IF YES,*** what?_____
   (If there are multiple answers please separate by commas)

8. Do you smoke cigarettes?

   0=NO → ***If NO, Skip to Question # 10***

   1=YES

9. On average, about how many cigarettes did you smoke a day in the last 30 days, or the last 30 days on the street?

   _____ cigarettes

10. Do you sleep past 11 a.m. most days?

    0=NO

    1=YES; ***IF YES,*** is this because of your working hours? 0=NO 1=YES

11. How many **months**, in the **past year**, have you been covered by any type of health insurance, including Medicaid/Medicare?

    _____months → ***IF 0, Skip to Question # 13***

12. Which of the following best describes the type(s) of health insurance or health programs you are/were covered by?

	0=NO	1=YES
12a. Employer provided Health insurance	0	1
12b. Private health insurance	0	1
12c. MEDICAID (a public assistance program that pays for medical care)	0	1
12d. MEDICARE (a public health insurance program for person 65 and older and for certain disabled persons)	0	1
12e. VA/CHAMPUS (a series of public health programs for active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors)	0	1
12f. Other insurance, specify:	0	1

13. How many days have you experienced medical problems in the past 30? (*Not pregnancy related*)

_____ days

14. How troubled or bothered have you been by medical problems in the past 30 days?

0=Not at all 1=Slightly 2=Moderately

3=Considerably 4=Extremely

15. How important to you **now** is treatment for your medical problems?

0=Not at all 1=Slightly 2=Moderately

3=Considerably 4=Extremely

Interviewer Ratings for Medical Health Information

16. How would you (interviewer) rate the client's need for medical treatment (circle one number next to your response)

0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem

6 – 7 =Considerable problem 8 – 9 =Extreme problem

17. Interviewer comments on medical health information:

Section 4: Education and Employment Information

The following questions ask about your education and employment history.

1. How many years of education have you completed? (GED=12 years) _____ years

2. How many months of training or technical education have you completed?

   _____ months

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

   0=NO

   1=YES: ***IF YES,*** what? _____

   (If there are multiple answers please separate by commas)

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

   0=NO; ***IF NO***, Why Not?_____

   1=YES: ***IF YES,*** what is your driver license number? _____

   (Please verify)

5. Do you have an automobile available for use? 0=NO 1=YES

6. Are you currently employed?

   0=NO → ***Go to Question # 7a***

   1=YES → ***Go to Question # 7b***

7a. How long was your last job? _____ years _____months

7b. How long have you worked at your current job? _____ years _____months

8. Is *(was)* this job:

   1=Full time 2=Part-time 3= Other

9. What type of job is *(was)* it?

01 **Professional and technical** (accountant, architect, engineer, lawyer or judge, scientist, doctor, registered nurse, teacher, social worker, writer, entertainer, draftsperson)

02 **Manager and administrator** (office manager, sales manager, school administrator, government official, small business owner)

03 **Sales** (sales representative, insurance agent, real estate broker, bond sales person, sales clerk or other sales people, cashier)

04 **Clerical or office worker** (bank teller, bookkeeper, secretary, file clerk, typist, postal clerk or carrier, ticket agent)

05 **Craft and kindred** (baker, carpenter, electrician, bricklayer, mechanic, machinist, tool and die maker, telephone installer)

06 **Operative** (assembler, checker, gas station attendant, meat cutter, packer, laundry and dry-cleaning operator, miner, welder, garage worker).

07 **Transportation equipment operative** (bus or cab driver, chauffeur, truck driver, delivery person)

08 **Non-farm laborer** (construction, freight handler, sanitation worker, car washer, yard worker, odd-job person)

09 **Private household worker** (maid, butler, cook)

10 **Service worker** (cook, waiter, barber, janitor, practical nurse, caretaker for children, day care worker, beautician, police officer, firefighter)

11 **Farmer or farm manager**.

12 **Farm laborer** (field boss, picker)

13 **Military service**

14 **Other**

99 **Never had a job**

10. When did you start? _____
MM/YYYY

11. When did you leave? _____ ➔ ***If 00, Skip to Question # 13***
MM/YYYY *(Code 00 if currently at this job)*

12. Reason for leaving:

1=Not enough money	3=Laid off
4=Injury	5=Illness (self)
6=Illness (family member)	7=Lack of childcare
8=Pregnant (had baby)	9=Went back to school
10=Problem with boss	11=Problems w/ co-workers
12=No health benefits	13=Transportation
14=Offered better job	15=Didn't like job
16=Incarceration	16=Other

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

0=NO → ***If NO, Skip to Question # 16***

1=YES

14. Who is the person who contributes the most to your support?

1=Spouse/partner 2=Parent/foster parent

3=Brother/sister 4=Grandparent

5=Other relative 6=Unrelated other

7=Not applicable

15. Does the support from [*insert answer to Question # 14*] constitute the majority of your support?

0=NO 1=YES

16. What has your usual employment pattern been the past 12 months (past year)?

1=Full-time (35 hrs/week) 2=Part-time

3=Student 4=Service/Military

5=Retired/Disability 6=Unemployed

7=In controlled environment

17. Including "under the table work," how many days were you paid for working in the past last 30 days, or the last 30 days on the street?

_____ days

18. How much money did you receive from the following sources in the last 30 days, or the last 30 days on the street?

SOURCES	$ AMOUNT
Employment (net income)	
Unemployment compensation	
Welfare (DPA) (AFDC)	
WIC	
Food stamps	
Pension, benefits, or social security	
Mate, family, friends, child support	
Illegal activities	

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

_____ people

20. Do you owe money for child support arrearage (back child support payment)?

0=NO

1=YES; ***If Yes,*** please indicate the category closest to the amount owed:

a. Less than $500 b. $501-$2,000 c. $2,001-$5,000
d. $5,001-$10,000 e. $10,001-$15,000 f. $15,001-$20,000
g. $20,001-$25,000 h. $25,001-$30,000 i. $30,001 or above
j. Not yet set by the court.

21. Do you owe money for court fees?

0=NO

1= YES; ***If Yes,*** please indicate the category closest to the amount owed:

a. Less than $500 b. $501-$2,000 c. $2,001-$5,000
d. $5,001-$10,000 e. $10,001-$15,000 f. $15,001-$20,000
g. $20,001-$25,000 h. $25,001-$30,000 i. $30,001 or above
j. Not yet set by the court.

22. Do you owe money for restitution?

0=NO

1= YES; ***If Yes,*** please indicate the category closest to the amount owed:

a. Less than $500 b. $501-$2,000 c. $2,001-$5,000
d. $5,001-$10,000 e. $10,001-$15,000 f. $15,001-$20,000
g. $20,001-$25,000 h. $25,001-$30,000 i. $30,001 or above
j. Not yet set by the court.

23. Do you owe money for legal fees?

0=NO

1= YES; ***If Yes,*** please indicate the category closest to the amount owed:

a. Less than $500 b. $501-$2,000 c. $2,001-$5,000
d. $5,001-$10,000 e. $10,001-$15,000 f. $15,001-$20,000
g. $20,001-$25,000 h. $25,001-$30,000 i. $30,001 or above
j. Not yet set by the court.

24. Do you owe money for other kinds of debts (do not include car loans and house mortgage payments)? (specify): _____
(If there are multiple answers please separate by commas)

0=NO
1= YES; ***If Yes,*** please indicate the category closest to the amount owed:

a. Less than $500 b. $501-$2,000 c. $2,001-$5,000
d. $5,001-$10,000 e. $10,001-$15,000 f. $15,001-$20,000
g. $20,001-$25,000 h. $25,001-$30,000 i. $30,001 or above
j. Not yet set by the court.

25. How many days have you experienced employment problems in the past in the last 30 days, or the last 30 days on the street?

_____ days

26. How troubled or bothered have you been by employment problems in the last 30 days, or the last 30 days on the street?
0=Not at all 1=Slightly 2=Moderately
3=Considerably 4=Extremely

27. How important to you **now** is counseling for employment problems?
0=Not at all 1=Slightly 2=Moderately
3=Considerably 4=Extremely

Interviewer Ratings for Education and Employment Information

28. How would you (interviewer) rate the client's need for employment or support counseling? (circle one number next to your response)
0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem
6 – 7 =Considerable problem 8 – 9 =Extreme problem

29. Interviewer comments on employment and education information:

Section 5: Drug and Alcohol Information

The following questions ask about your substance use history.

1. Please indicate:

INSTRUCTIONS FOR TABLE

A. Have you ever used [*insert substance*]? *(Circle one)* 0=NO 1=YES
B. How old were you the first time you used [*insert substance*]? *(record age)*
C. How many days have you used in the past 30 days on the street? *(record # days)*
D. How many years have you used [*insert substance*] regularly in your lifetime? *(record # years)*
E. Write any substance specific comments on the next page.

DRUG/ALCOHOL INFORMATION	A EVER USED 0=NO 1=YES	B AGE 1ST USE	C # DAYS USED IN PAST 30 ON THE STRT	D #YEARS USED IN LIFETIME
1.1 **Alcohol**, any use	0 1			
1.2. **Marijuana** (pot, weed, dope, grass, herb, joint, reefer, spliff, sinsemillia, doobie, cannabis, hashish, ganja, Colombian)	0 1			
1.3. **Cocaine** (coke, base, dusts, freebase, snow, lady)	0 1			
1.4. **Crack Cocaine** (rock)	0 1			
1.5. **Amphetamine** (uppers) (crank, diet pills, bennies, black beauties, dexies, ice, white crosses, methamphetamine)	0 1			
1.6. **Barbiturates (downers) or Other sedatives/ hypnotics/tranq** (sleeping pills, Valium, Librium, Xanax, Quaaludes, Seconal, Amytal, goofballs, reds, Yellowjackets)	0 1			
1.7. **Opiates/analgesics painkillers** (Percodan, Dilaudid, opium, orphine, codeine, opium, Demerol, Talwin, Darvon, oxycontin, oxycodone)	0 1			
1.8. **Hallucinogens** (psychedelics, to trip, to drop) (LSD, acid, tabs, microdots, blotter, mescaline, psilocybin, mushrooms, peyote, buttons, DMT, XTC, PCP, angel dust, Adam, STP)	0 1			
1.9. **Inhalants** (glue, gas, paint, nitrous oxide—whip-its, laughing gas, balloons, etc)	0 1			
1.10. **Heroin** (junk, scag, smack, horse, boy, China white)	0 1			
1.11. **Methadone,** illegal	0 1			
1.12**. More than one substance per day** (**including alcohol**)	0 1			

DRUG/ALCOHOL INFORMATION	E COMMENTS
1.1. Alcohol	
1.2. Marijuana	
1.3. Cocaine	
1.4. Crack Cocaine	
1.5. Amphetamine	
1.6. Barbiturates or Other sedatives/ hypnotics/tranq	
1.7. Opiates/ analgesics painkillers	
1.8. Hallucinogens	
1.9. Inhalants	
1.10. Heroin	
1.11. Methadone, illegal	
1.12. More than one substance per day **including alcohol**)	

2. Which substance is the major problem?

1=Alcohol 2=Marijuana 3=Cocaine 4=Crack

5=Amphetamines 6= Barbiturates 7=Opiates 8=Halluc

9=Inhalants 10=Heroin 11=Illegal Methadone

55=Alcohol & Drug (dual addiction)

66=Polydrug

0=No problem → ***If NO PROBLEM, Skip to Question # 5***

3. How many months long was your last period of voluntary abstinence from this major substance?

_____ months

0=Never Abstinent → ***If NEVER ABSTINENT, Skip to Question # 5***

4. How many months ago did this abstinence end? _____ months

5. How many times have you:

Had DT's (horrors)? _____ times

Overdosed on drugs? _____ times

6. How many times in the last 30 days, or the last 30 days on the street did you stay up past 4 a.m. because of drug or alcohol use?

0=None 1=Once 2=Twice

3=Three times 4=4 or more times

7. Have you ever been treated for alcohol abuse?

0=NO → ***If NO, Skip to Question # 9***

1=YES

8. Please tell me how many times, not including AA/NA you have been treated for alcohol abuse:

	LIFETIME	PAST YEAR
How many times were you treated for alcohol abuse in an outpatient treatment program? *(not AA/NA)*		
How many times were you treated for alcohol abuse in a residential or in-patient program?		
How many of those were detox only?		

9. Have you ever been treated for drug abuse?

0=NO → ***If NO, Skip to Question # 12***

1=YES

10. Please tell me how many times, not including AA/NA, you have been treated for drug abuse:

	LIFETIME	PAST YEAR
How many times were you treated for drug abuse in an outpatient treatment program? *(not AA/NA)*		
How many times were you treated for drug abuse in a residential or in-patient program?		
How many of those were Detox only?		

11. How many days have you been treated in an outpatient setting for alcohol or drugs in the last 30 days, or the last 30 days on the street?

(**Not** *including AA/ NA*) _____

12. Have you ever attended AA/NA meetings?

0=NO → ***If NO, Skip to Question # 15***

1=YES

13. Have you attended AA/NA in the past year?

0=NO → ***If NO, Skip to Question # 15***

1=YES

14. How many days have you attended AA or NA meetings in the past 30 days on the street?

_____days

15. How much money in the past 30 days on the street did you spend on:

Alcohol? $_____

Drugs? $_____

16. How many days in the past 30 days on the street have you experienced?

Alcohol problems? _____days

Drug problems? _____days

17. How troubled or bothered in the past 30 days have you been by alcohol problems?

0=Not at all 1=Slightly 2=Moderately

3=Considerably 4=Extremely

18. How troubled or bothered in the past 30 days have you been by drug problems?

0=Not at all 1=Slightly 2=Moderately

3=Considerably 4=Extremely

19. How important to you **now** is treatment for alcohol problems?

0=Not at all 1=Slightly 2=Moderately

3=Considerably 4=Extremely

20. How important to you **now** is treatment for drug problems?

0=Not at all 1=Slightly 2=Moderately

3=Considerably 4=Extremely

Interviewer Ratings for Drug and Alcohol Information

21. How would you (interviewer) rate the client's need for alcohol treatment? (circle one number next to your response)

0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem

6 – 7 =Considerable problem 8 – 9 =Extreme problem

22. How would you (interviewer) rate the client's need for drug treatment? (circle one number next to your response)

0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem

6 – 7 =Considerable problem 8 – 9 =Extreme problem

23. Interviewer comments on drug and alcohol information:

Section 6: Criminal Justice History Information

The following questions ask about your criminal justice history.

1. Was this program admission prompted by or suggested by someone in the criminal justice system like a judge, a probation/parole officer, etc.?

   0=NO 1=YES

2. Are you on probation or parole now? 0=NO 1=YES

3. Please tell me how many times you have been charged with:

	TOTAL # TIMES
Shoplifting	
Vandalism	
Parole/Probation violation	
Drug charges	
Disorderly conduct, vagrancy, public intoxication	
Driving while intoxicated	
Other major driving violations such as reckless driving, speeding, no license, etc	
Assault or other charges related to domestic violence	
Assault not related to domestic violence	
Forgery	
Weapons offense	
Burglary, larceny, B & E	
Robbery	
Arson	
Rape	
Homicide/manslaughter	
Prostitution	
Contempt of Court	
Other (specify):	

4. How many of these charges resulted in convictions? _____ convictions

5. How long have you been incarcerated in your life?

   0=Never been incarcerated → ***If 0 months, Skip to Question # 8***

   1=Less than 1 month 2=1-3 months 3=3-6 months

   4=6 months to 1 year 5=1-3 years 6=More than 3 years

6. How long was your last incarceration?

1=Less than 1 month 2=1-3 months 3=3-6 months

4=6 months to 1 year 5=1-3 years 6=More than 3 years

7. Reason(s) for your last incarceration?

CHARGE	0=NO	1=YES
Shoplifting	0	1
Vandalism	0	1
Parole/Probation violation	0	1
Drug charges	0	1
Disorderly conduct, vagrancy, public intoxication	0	1
Driving while intoxicated	0	1
Other major driving violations such as reckless driving, speeding, no license, etc	0	1
Assault or other charges related to domestic violence	0	1
Assault not related to domestic violence	0	1
Forgery	0	1
Weapons offense	0	1
Burglary, larceny, B & E	0	1
Robbery	0	1
Arson	0	1
Rape	0	1
Homicide/manslaughter	0	1
Prostitution	0	1
Contempt of Court	0	1
Other (specify):	0	1

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

0=NO → ***If NO, Skip to Question # 10***

1=YES

9. Reason(s) for awaiting charges?

CHARGE	0=NO	1=YES
Shoplifting	0	1
Vandalism	0	1
Parole/Probation violation	0	1
Drug charges	0	1
Disorderly conduct, vagrancy, public intoxication	0	1
Driving while intoxicated	0	1
Other major driving violations such as reckless driving, speeding, no license, etc	0	1
Assault or other charges related to domestic violence	0	1
Assault not related to domestic violence	0	1
Forgery	0	1
Weapons offense	0	1
Burglary, larceny, B & E	0	1
Robbery	0	1
Arson	0	1
Rape	0	1
Homicide/manslaughter	0	1
Prostitution	0	1
Contempt of Court	0	1
Other (specify):	0	1

10. How many days in the past 30 were you engaged in illegal activities for profit?

_____days

11. How serious do you feel your present legal problems are? *(Exclude civil problems*)

0=Not at all 1=Slightly 2=Moderately

3=Considerably 4=Extremely

12. How important to you **now** is counseling or referral for legal problems?

0=Not at all 1=Slightly 2=Moderately

3=Considerably 4=Extremely

Interviewer Ratings for Criminal Justice Involvement Information

13. How would you (interviewer) rate the client's need for legal services or counseling? (circle one number next to your response)

0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem

6 – 7 =Considerable problem 8 – 9 =Extreme problem

14. Interviewer comments on criminal justice involvement information:

Section 7: Family/Social History Information

The following questions ask about your family and social history.

1. Have any of your relatives had what you would call a significant drinking (ALC), drug use (DRG), or psychiatric (PSY) problem – one that did or should have led to treatment? *(Interviewer, record a 0, 1, 2, or 3 in each space corresponding the tabled question)*

0=NO ***1=YES*** ***2=Uncertain*** ***3=No relative from that category***

MOTHER'S SIDE				FATHER'S SIDE				SIBLINGS			
	ALC	DRG	PSY		ALC	DRG	PSY		ALC	DRG	PSY
Grand mother				Grand mother				Brother #1			
Grand father				Grand father				Brother #2			
Mother				Father				Sister #1			
Aunt				Aunt				Sister #2			
Uncle				Uncle							

2. What is your current marital status?

1=Married 2=Remarried 3=Widowed

4=Separated 5=Divorced 6=Never Married

3. How long have you been in this current marital status? *(If never married, estimate time since 18 years old)*

_____ Years _____ Months

4. Are you satisfied with marital status?

0=NO 1=YES 2= Indifferent

5. How many times have you been married?_____ times

6. How many times have you been divorced?_____ times

7. How many different sexual partners have you lived with that you were not married to?
_____ partners

8. What has your usual living arrangements been in past 12 months (past year)?

0=Alone
2=With sexual partner alone
1=With sexual partner and children
3=With children alone
4= With parents
5=With other family members
6=With friends
8=In a controlled environment like jail or hospital
9=No stable arrangements (*include shelter*)

9. How long have you lived in these usual living arrangements? (*If living with parents or family and always has estimate time since 18 years old)*

_____ years _____ months

10. Are satisfied with these living arrangements, with the people you are living with?

0=NO 1= YES 2=Indifferent

11. Do you live with anyone that has a drug and/or alcohol problem?

0=NO 1=YES

12. Have you been homeless at all in the last 30 days, or the last 30 days on the street?

0=NO → ***If NO, Skip to Question # 14***

1=YES

13. Where did you stay mostly during homeless period?

1=Shelter 2=With friends 3=In a car
4=In a building 5=Outside 6=Other

14. How many different places have you lived in the past 12 months?

_____ places

15. How many close friends do you have? _____friends

16. Have any family members or any others such as strangers, acquaintances, intimate partners ever abused you:

ABUSE TYPE	0=NO	1=YES
Emotionally (made to feel bad through harsh words, humiliation, manipulation)? (*Do not include verbal abuse by strangers)*	0	1
Physically (cause or threaten to cause physical harm such as: slapping, punching, kicking, hitting with an object, assaulting with a knife or other weapon, etc.)?	0	1
Sexually (rape, forced sexual advances or non-consensual sexual acts)?	0	1
Has anyone ever sexually harassed you (inappropriate physical contact, stalking, using threats to secure sexual contact, etc.)?	0	1

17. How many days in the past 30 have you had serious conflicts (problems which threaten your relationship):

    a. With family members? _____ days

    b. With other people (excluding family)? _____days

18. How troubled or bothered have you been in the past 30 days by family problems?

    0=Not at all 1=Slightly 2=Moderately

    3=Considerably 4=Extremely

19. How troubled or bothered have you been in the past 30 days by social problems?

    0=Not at all 1=Slightly 2=Moderately

    3=Considerably 4=Extremely

20. How important to you **now** is treatment or counseling for family problems?

    0=Not at all 1=Slightly 2=Moderately

    3=Considerably 4=Extremely

21. How important to you **now** is treatment or counseling for social problems?

    0=Not at all 1=Slightly 2=Moderately

    3=Considerably 4=Extremely

Interviewer Ratings for Family and Social History Information

22. How would you (interviewer) rate the client's need for family and/or social counseling? (circle one number next to your response)

0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem

6 – 7 =Considerable problem 8 – 9 =Extreme problem

23. Interviewer comments on family and/or social history information:

Section 8: Mental Health Information

The next set of questions ask about your mental health.

1. Have you ever been treated as an outpatient for psychological or emotional problems?

   0=NO

   1=YES

2. How many times have you ever been treated for any psychological or emotional problems in a hospital?

   _____times

3. Have you ever been prescribed medication for any psychological or emotional problems?

   0=NO

   1=YES; ***IF YES,*** What?_____

   (If there are multiple answers please separate by commas)

4. Have you been prescribed medication (or taken any prescribed medication) for any psychological emotional problem in the past 30 days?

   0=NO

   1=YES; ***IF YES,*** What? _____
   (If there are multiple answers please separate by commas)

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

   0=NO

   1=YES

6. Have you had a significant period (that was not a direct result of drug or alcohol use) in which you:

	PAST 30 DAYS 0=NO 1=YES		IN LIFETIME 0=NO 1=YES	
Experienced serious depression?	0	1	0	1
Experienced serious anxiety or tension?	0	1	0	1
Experienced hallucinations?	0	1	0	1
Experienced trouble understanding, concentrating, or remembering?	0	1	0	1
Experienced trouble controlling violent behavior?	0	1	0	1
Experienced thoughts of suicide?	0	1	0	1
Attempted suicide?	0	1	0	1
Experienced anorexia, bulimia, or other eating disorders?	0	1	0	1

7. In the past 30 days, to what degree have you been bothered by past experiences involving:

	0=Not at all	1=A little	2=Somewhat	3=A lot
Emotional abuse	0	1	2	3
Physical abuse	0	1	2	3
Sexual abuse or rape	0	1	2	3
Sexual harassment	0	1	2	3

8. How many days in the past 30 have you experienced psychological problems?

   _____ days

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

   0=Not at all 1=Slightly 2=Moderately

   3=Considerably 4=Extremely

10. How important to you **now** is treatment for psychological or emotional problems?

0=Not at all 1=Slightly 2=Moderately

3=Considerably 4=Extremely

Interviewer Ratings for Mental Health Information

11. How would you (interviewer) rate the client's need for psychiatric/psychological treatment? (circle one number next to your response)

0 – 1 =No real problem 2 – 3 =Slight problem 4 – 5 =Moderate problem

6 – 7 =Considerable problem 8 – 9 =Extreme problem

12. Interviewer comments on mental health information:

Section 9: Interviewer Ratings

1. *Time assessment ended __ __: __ __ 1=a.m. 2=p.m.*

2. *Please rate the client interview on each of the questions:*

AT THE TIME OF THE INTERVIEW, CLIENT WAS:	*0=NO*	*1=YES*
Obviously depressed/withdrawn.	*0*	*1*
Obviously hostile.	*0*	*1*
Obviously anxious/nervous.	*0*	*1*
Having trouble with reality testing, thought disorders, paranoid thinking.	*0*	*1*
Having trouble comprehending, concentrating, or remembering.	*0*	*1*
Having suicidal thoughts.	*0*	*1*
Do you believe any of the client answers were significantly distorted by misrepresentation?	*0*	*1*
Do you believe any of the client answers were significantly distorted because the client did not understand the questions?	*0*	*1*

3. *Please record any final comments you have about this client and/or this client's interview.*