

On Line Resource Center for the Addiction Severity Index

**Addiction Severity Index 5<sup>th</sup> Edition  
Clinical Training Version**

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≈Item numbers circled are to be asked at follow-up.≈

≈Items with an asterisk are cumulative and should be rephrased at follow-up.≈

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**INTRODUCING THE ASI:** Introduce and explain the seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychiatric. All clients receive this same standard interview. All information gathered is confidential; explain what that means in your facility; who has access to the information and the process for the release of information.

There are two time periods we will discuss:

1. The past 30 days
2. Lifetime

**Patient Rating Scale:** Patient input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you for the area being discussed.

The scale is:

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

Inform the client that he/she has the right to refuse to answer any question. If the client is uncomfortable or feels it is too personal or painful to give an answer, instruct the client not to answer. Explain the benefits and advantages of answering as many questions as possible in terms of developing a comprehensive and effective treatment plan to help them.

**Please try not give inaccurate information!**

**INTERVIEWER INSTRUCTIONS:**

1. Leave no blanks.
2. Make plenty of Comments (if another person reads this ASI, they should have a relatively complete picture of the client's perceptions of his/her problems).
3. X = Question not answered.  
N = Question not applicable.
4. Terminate interview if client misrepresents two or more sections.
5. When noting comments, please write the question number.
6. Tutorial/clarification notes are preceded with "•".

**HALF TIME RULE:** If a question asks the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.

**CONFIDENCE RATINGS:** ⇒ Last two items in each section.  
⇒ Do not over-interpret.  
⇒ Denial does not necessarily warrant misrepresentation.  
⇒ Misrepresentation = overt contradiction in information.

**Probe, crosscheck and make plenty of comments!**

**HOLLINGSHEAD CATEGORIES:**

1. Higher execs, major professionals, owners of large businesses.
2. Business managers of medium sized businesses, lesser professions, i.e., nurses, opticians, pharmacists, social workers, teachers.
3. Administrative personnel, managers, minor professionals, owners/proprietors of small businesses, i.e., bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent.
4. Clerical and sales, technicians, small businesses (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary).
5. Skilled manual - usually having had training (baker, barber, brakeperson, chef, electrician, fireman, machinist, mechanic, paperhanger, painter, repairperson, tailor, welder, police, plumber).
6. Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator).
7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter, including unemployed).
8. Homemaker.
9. Student, disabled, no occupation.

**LIST OF COMMONLY USED DRUGS:**

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Pain killers = Morphine, Dilaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Robitussin, Fentanyl
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sed/Hyp/Tranq:	Benzodiazepines = Valium, Librium, Ativan, Serax Tranxene, Xanax, Miltown, Other = ChloralHydrate (Noctex), Quaaludes Dalmane, Halcion
Cocaine:	Cocaine Crystal, Free-Base Cocaine or "Crack, and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
Cannabis:	Marijuana, Hashish
Hallucinogens:	LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
Inhalants:	Nitrous Oxide, Amyl Nitrate (Whippits, Poppers), Glue, Solvents, Gasoline, Toluene, Etc.

Just note if these are used:

- Antidepressants,
- Ulcer Meds = Zantac, Tagamet
- Asthma Meds = Ventoline Inhaler, Theodur
- Other Meds = Antipsychotics, Lithium

**ALCOHOL/DRUG USE INSTRUCTIONS:**

The following questions refer to two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days.

- ⇒ 30 day questions only require the number of days used.
- ⇒ Lifetime use is asked to determine extended periods of use.
- ⇒ Regular use = 3 or more times per week, binges, or problematic irregular use in which normal activities are compromised.
- ⇒ Alcohol to intoxication does not necessarily mean "drunk", use the words "to feel or felt the effects", "got a buzz", "high", etc. instead of intoxication. As a rule, 3 or more drinks in one sitting, or 5 or more drinks in one day defines "intoxication".
- ⇒ How to ask these questions:
  - "How many days in the past 30 have you used...?"
  - "How many years in your life have you regularly used...?"



## MEDICAL STATUS

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

- Include O.D.'s and D.T.'s. Exclude detox, alcohol/drug, psychiatric treatment and childbirth (if no complications). Enter the number of *overnight* hospitalizations for medical problems.

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

- If no hospitalizations in Question M1, then this is coded "NN".

M3. Do you have any chronic medical problems which continue to interfere with your life? 0 - No 1 - Yes

- If "Yes", specify in comments.
- A chronic medical condition is a serious physical condition that requires regular care, (i.e., medication, dietary restriction) preventing full advantage of their abilities.

M4. Are you taking any prescribed medication on a regular basis for a physical problem? 0 - No 1 - Yes

- If Yes, specify in comments.
- Medication prescribed by a MD for medical conditions; *not psychiatric medicines*. Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems.

M5. Do you receive a pension for a physical disability? 0 - No 1 - Yes

- If Yes, specify in comments.
- Include Workers' compensation, exclude psychiatric disability.

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

- Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.).

For Questions M7 & M8, ask the patient to use the Patient Rating scale.

M7. How troubled or bothered have you been by these medical problems in the past 30 days?

- Restrict response to problem days of Question M6.

M8. How important to you now is treatment for these medical problems?

- If client is currently receiving medical treatment, refer to the need for *additional* medical treatment by the patient.

### INTERVIEWER SEVERITY RATING

M9. How would you rate the patient's need for medical treatment?

- Refers to the patient's need for *additional* medical treatment.

### CONFIDENCE RATINGS

Is the above information significantly distorted by:

M10. Patient's misrepresentation? 0 - No 1 - Yes

M11. Patient's inability to understand? 0 - No 1 - Yes

## MEDICAL COMMENTS

(Include question number with your notes)

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