ADULT ASI QUESTIONNAIRE

Client’s Name: First _________________________________________
Middle________________________________________
Last _________________________________________

Social Security #: _____________________________ - ______________________________ - _______________________________

Date of Birth: ______ / ______ / ______

Gender (M/F): □

Client ID: _____________________________

INSTRUCTIONS
1. Leave no blanks. Where appropriate code items:
   Y-Yes
   N-No
   X-Question not applicable
   Z-Question not answered
   Use only one character per item.

2. Space is provided after sections for additional comments.

SEVERITY RATINGS
The severity ratings are interview 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 situations). Each rating is based upon the patient’s history of problem symptoms, present condition and subjective assessment of the patient’s treatment needs in a given area.

Orion Healthcare Technology is the U.S. leader in providing automated practice management solutions to the mental health and addictions fields. Our products include adult, adolescent, criminal justice and mental health assessments; screening, treatment plans, patient placement, progress notes, discharge summaries, outcome research, reporting, data query, prevention tracking, chart management, scheduling and billing applications. If you would like information about the automated version of this questionnaire or others, please feel free to call our toll-free number 800-324-7966. Orion Healthcare Technology allows the photocopying of this questionnaire for clinical use, but reserves the software rights for this product.
ADULT ASI QUESTIONNAIRE

GENERAL INFORMATION

G1. Client ID: ____________________________________________

G2. Social Security #: ___________________________________

G3. Provider #: __________________________________________

G4. Date of Admission: ________________________________ / /

G5. Date of Interview: ___________________________________ / /

G6. Time Begun: ________________________________ : ________________________________

G51. Who referred you for an evaluation?

1-Attorney
2-Probation/Parole Officer
3-Presentence Investigator
4-Self
5-Judge or Court
6-Other

G52. Referral source’s name _________________________________

Address _____________________________________________

Address _____________________________________________

City, State, Zip ________________________________________

Phone #: (______) ______ - ______ - ______ - ______

G53. By when do you need this assessment? ________________________________ / /

G54. Why are you receiving this assessment (1-6)?

1-OWI or DWI
2-Court ordered
3-Attorney recommended
4-Other criminal arrest
5-Self interest
6-Other

G55. BAC: ___________________________________________

G56. By whom was it ordered (1-4)?

1-Judge
2-Probation
3-Presentence
4-Parole

Specify other ________________________________

G8. Class:

1-Intake
2-Follow-up

G9. Contact Code:

1-In person
2-Phone
3-Mail

G57. Interviewer’s initials: ________________________________

G10. Gender

M-Male
F-Female

G12. Special:

1-Terminated
2-Refused
3-Unable to respond
X-Not applicable

G11. Client’s:

First name ___________ Middle name ___________ Last name ______________________

Address _____________________________________________

Address _____________________________________________

City __________________ State ___________ Zip __________________

Phone number: _______ - _______ - _______ - _______

G14. How long have you lived at this address?

Years ___________ Months _______

G15. Is this address owned by you or your family (Y/N)? _______

G16. Date of birth: ________________________________ / /

G17. Of what race do you consider yourself?

1-White
2-Black
3-American Indian
4-Alaskan Native
5-Asian or Pacific Islander
6-Hispanic-Mexican
7-Hispanic-Puerto Rican
8-Hispanic-Cuban
9-Other Hispanic

G18. Religious preference:

1-Protestant
2-Catholic
3-Jewish
4-Islamic
5-Other
6-None

Specify other religion: ____________________________________

G19. Have you been in a controlled environment in the past 30 days?

1-No
2-Jail
3-Alcohol or drug treatment
4-Medical treatment
5-Psychiatric treatment
6-Other

Specify Other: __________________________________________

G20. How many days?

COMMENTS FOR GENERAL AREA: ________________________________

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MEDICAL STATUS

M1. How many times in your life have you been hospitalized for medical problems? (Include ODs, DTs, exclude detox) ☐ ☐

M2. How long ago was your last hospitalization for medical problems?

Years ☐ ☐ Months ☐ ☐

M51. What was it for? ___________________________________________________________________

M3. Do you have any chronic medical problems which continue to interfere with your life (Y/N)? ☐ ☐

Specify: ____________________________________________________________________________

M4. Are you taking any prescribed medication on a regular basis for a physical problem (Y/N)? ☐ ☐

M52. What is it? ______________________________________________________________________

M53. What is it for? ____________________________________________________________________

M5. Do you receive financial compensation (pension, disability, etc.) for a physical disability (Y/N)? ☐ ☐

Specify: __________________________________________________________________________

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

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0 - NOT AT ALL 3 - CONSIDERABLY
1 - SLIGHTLY 4 - EXTREMELY
2 - MODERATELY

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

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

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

M9. How would you rate the patient’s need for medical treatment (0-9)? ☐ ☐

CONFIDENCE RATINGS

Is the Medical Status information significantly distorted by:

M10. Patient’s misrepresentation (Y/N)? ☐ ☐

M11. Patient’s inability to understand (Y/N)? ☐ ☐

Comments for Medical Area:

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EMPLOYMENT/SUPPORT STATUS

E1. Education completed (GED = 12 years):
   Years    Months

E2. Training or technical education completed:
   Months

E3. Do you have a profession, trade or skill (Y/N)?
   Specify: ________________________________________________

E4. Do you have a valid driver’s license (Y/N)?

E5. Do you have an automobile available (Y/N)?
   (Answer “no” if no valid driver’s license)

E6. How long was your longest full-time job?
   Years    Months

E7. Usual (or last) occupation:
   1a. Higher Executives
   1b. Large Proprietor (Value over $180,000)
   1c. Major Professionals
   2a. Business Managers
   2b. Proprietors of Medium-Sized Businesses
   3a. Administrative Personnel
   3b. Proprietors of Small Businesses (<$55,000)
   3c. Minor Professionals
   3d. Farmers (owners $41,000-$60,000)
   4a. Clerical and Sales Workers
   4b. Technicians
   4c. Proprietors of Little Businesses (<$10,000)
   4d. Farmers (Owners $21,000-$40,000)
   5a. Skilled Manual Employees and Small Farmers
   5b. Small Farmers (owners <$20,000)
   6a. Machine Operators and Semi-Skilled Employees
   6b. Small Farm Tenants
   7. Unskilled Employees
   Specify: ________________________________________________

E8. Does someone contribute to your support in any way (Y/N)?
   Specify: ________________________________________________

E9. Does this constitute the majority of your support (Y/N)?

E10. Employment status:
   1-Full-time (35+ hrs/wk)
   2-Part-time (reg. hrs.)
   3-Part-time (irreg., daywork)
   4-Student
   5-Service
   6-Retired/Disability
   7-Unemployed
   8-In controlled environment

E11. How many days were you paid for working in the past 30?

   How much money did you receive from the following sources in
   the past 30 days??

E12. Employment (net income):

E13. Unemployment compensation:

E14. Welfare:

E15. Pension, benefits or social security:

E16. Mate, family or friends:

E17. Illegal:

E18. How many people depend on you for the majority of their
   food, shelter, etc.?

E19. How many days have you experienced employment
   problems in the past 30?

   ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT
   TWO QUESTIONS:
   0-NOT AT ALL
   1-SLIGHTLY
   2-MODERATELY
   3-CONSIDERABLY
   4-EXTREMELY

E20. How troubled or bothered have you been by these employment
   problems in the past 30 days?

E21. How important to you now is counseling for these employment
   problems?

   THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE
   INTERVIEWER ONLY

E22. How would you rate the patient’s need for employment
   counseling (0-9)?

   INTERVIEWER SEVERITY RATING

   CONFIDENCE RATINGS

   Is the Employment/Support Status information significantly distorted
   by:

E23. Patient’s misrepresentation (Y/N)?

E24. Patient’s inability to understand (Y/N)?

COMMENTS FOR EMPLOYMENT AREA: ______________________________________________________________
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**DRUG/ALCOHOL USE**

**D51.** What age did you first try alcohol or drugs? 

**D52.** What was it? ___________________________________________

<table>
<thead>
<tr>
<th># Days</th>
<th>Route of Admin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past 30</td>
<td>Lifetime</td>
</tr>
</tbody>
</table>

**D1.** Alcohol (any use at all)  

**D2.** Alcohol (to intoxication)  

**D3.** Heroin  

**D4.** Methadone  

**D5.** Other opiates/analgesics  

**D6.** Barbiturates  

**D7.** Other sedatives/hypnotics/tranquilizers  

**D8.** Cocaine  

**D9.** Amphetamines  

**D10.** Cannabis  

**D11.** Hallucinogens  

**D12.** Inhalants  

**D13.** More than 1 substance per day (including alcohol)  

**Route of Administration**

1-Oral  
2-Nasal  
3-Smoking  
4-Non-IV injection  
5-IV injection

**D53.** Have you ever used a needle to administer any of these drugs (Y/N)?  

**D54.** Are you an I.V. drug user (Y/N)?  

**D14.** According to the interviewer, which substance(s) are the major problem?  

<table>
<thead>
<tr>
<th>00-No problem</th>
<th>01-Alcohol</th>
<th>02-Alcohol to intox.</th>
<th>03-Heroin</th>
<th>04-Methadone</th>
<th>05-Opiates/analgesics</th>
<th>06-Barbiturates</th>
<th>07-Other sed/hyp/tranq</th>
<th>08-Cocaine</th>
<th>09-Amphetamines</th>
<th>10-Cannabis</th>
<th>11-Hallucinogens</th>
<th>12-Inhalants</th>
<th>15-Alcohol &amp; one or more drugs</th>
<th>16-More than one drug</th>
<th>17-More than one drug</th>
</tr>
</thead>
</table>

**D15.** How long was your last period of voluntary abstinence from this major substance (substance identified in D-17)? (00-never abstinence) Months  

**D16.** How many months ago did this abstinence end? (00-never abstinence)

COMMENTS FOR DRUG/ALCOHOL AREA: __________________________________________________________

________________________________________________________

________________________________________________________
How many times have you:

<p>| | |</p>
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<tbody>
<tr>
<td>D17.</td>
<td>Had alcohol DTs?</td>
</tr>
<tr>
<td>D18.</td>
<td>Overdosed on drugs?</td>
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</table>

How many times have you been treated for:

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<tbody>
<tr>
<td>D19.</td>
<td>Alcohol abuse?</td>
</tr>
<tr>
<td>D20.</td>
<td>Drug abuse?</td>
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</table>

How many of these were for detox only:

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<tbody>
<tr>
<td>D21.</td>
<td>Alcohol?</td>
</tr>
<tr>
<td>D22.</td>
<td>Drug?</td>
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</table>

How long ago were you last in treatment?

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<tbody>
<tr>
<td>D55.</td>
<td>Years</td>
</tr>
<tr>
<td></td>
<td>Months</td>
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Name of Center ________________________________

Address _______________________________________

Type of treatment:

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<tbody>
<tr>
<td>1.</td>
<td>Inpatient</td>
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<td>2.</td>
<td>Outpatient</td>
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How long did it last?

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<tr>
<td>D59.</td>
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Did you complete it successfully (Y/N)?

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<tbody>
<tr>
<td>D60.</td>
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</table>

Have you been evaluated for alcohol or drugs before today (Y/N)?

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<td>D61.</td>
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Where: ________________________________________

When: [ ] [ ] [ ]

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

<p>| | |</p>
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<tbody>
<tr>
<td>D23.</td>
<td>Alcohol?</td>
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<tr>
<td>D24.</td>
<td>Drugs?</td>
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</table>

How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days (include AA & NA)?

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<tbody>
<tr>
<td>D25.</td>
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How many days have you experienced:

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<tbody>
<tr>
<td>D26.</td>
</tr>
<tr>
<td>D27.</td>
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ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

<p>| | | |</p>
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<tbody>
<tr>
<td>0.</td>
<td>NOT AT ALL</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>SLIGHTLY</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>MODERATELY</td>
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<tr>
<td>3.</td>
<td>CONSIDERABLY</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>EXTREMELY</td>
<td></td>
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</table>

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

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<tbody>
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<td>D28.</td>
<td>Alcohol problems?</td>
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<tr>
<td>D29.</td>
<td>Drug problems?</td>
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</table>

How important to you now is treatment for these:

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<tbody>
<tr>
<td>D30.</td>
<td>Alcohol problems?</td>
</tr>
<tr>
<td>D31.</td>
<td>Drug problems?</td>
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THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

How would you rate the patient’s need for treatment for (0-9):

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<tbody>
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<td>D32.</td>
<td>Alcohol Problems?</td>
</tr>
<tr>
<td>D33.</td>
<td>Drug Problems?</td>
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CONFIDENCE RATINGS

Is the Drug/Alcohol Status information significantly distorted by:

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<td>D34.</td>
<td>Patient’s misrepresentation (Y/N)?</td>
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<tr>
<td>D35.</td>
<td>Patient’s inability to understand (Y/N)?</td>
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ADDITIONAL COMMENTS FOR DRUG/ALCOHOL AREA:____________________________________________________________

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**LEGAL STATUS**

L1. Was this admission prompted or suggested by the criminal Justice system (judge, probation/parole officer, etc.) (Y/N)?

L2. Are you on probation or parole?

- 0-Neither
- 1-Probation
- 2-Parole

How many times in your life have you been arrested and charged with following?

| L3. Shoplifting/vandalism/theft? | |
| L4. Parole/probation violations? | |
| L5. Drug charges? | |
| L6. Forgery? | |
| L7. Weapons offense? | |
| L8. Burglary/larceny/B&E? | |
| L9. Robbery? | |
| L10. Assault? | |
| L11. Arson? | |
| L12. Rape/sex-related crimes? | |
| L13. Homicide/manslaughter? | |
| L14. Prostitution? | |
| L15. Contempt of court? | |
| L16. Other? | |

L17. How many of these charges resulted in convictions?

How many times in your life have you been charged with:

| L18. Disorderly conduct? | |
| L19. Driving while intoxicated? | |
| L20. Major driving violations? | |
| L21. How many month(s) were you incarcerated in your life? | |
| L22. How long was your last incarceration? Months | |
| L23. What was it for? | |

03-Shoplifting/vandalism/theft 12-Rape/sex related crimes
04-Parole/probation violation 13-Homicide/manslaughter
05-Drug charges 14-Prostitution
06-Forgery 15-Contempt of court
07-Weapons offense 16-Other
08-Burglary/larceny/B&E 18-Disorderly conduct, vagrancy
09-Robbery 19-Driving while intoxicated
10-Assault 20-Major driving violations
11-Arson

**COMMENTS FOR LEGAL AREA:**

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L24. Are you presently awaiting charges, trial or sentencing (Y/N)?

L25. For what?

L26. How many days in the past 30 were you detained or incarcerated??

L27. How many days in the past 30 have you engaged in illegal activities for profit?

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0: NOT AT ALL  3: CONSIDERABLY
1: SLIGHTLY  4: EXTREMELY
2: MODERATELY

L28. How serious do you feel your present legal problems are? (exclude civil problems)

L29. How important to you now is counseling or referral for these legal problems?

THE QUESTIONS BELOW ARE TO BE ANSWERED BY THE INTERVIEWER ONLY

INTERVIEWER SEVERITY RATING

L30. How would you rate the patient’s need for legal services or Counseling (0-9)?

CONFIDENCE RATINGS

Is the Legal Status information significantly distorted by:

L31. Patient’s misrepresentation (Y/N)?

L32. Patient’s inability to understand (Y/N)?

ADDITIONAL COMMENTS FOR LEGAL AREA:

________________________________________

________________________________________

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________________________________________
**FAMILY HISTORY**

Have any of your relatives had what you would call a significant drinking, drug use or psychological problem – one that did or should have led to treatment?

<table>
<thead>
<tr>
<th>Y-Yes</th>
<th>N-No</th>
<th>X-Not applicable</th>
<th>Z-Not answered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother's Side</td>
<td>Alcohol</td>
<td>Drug</td>
<td>Psych.</td>
</tr>
<tr>
<td>H1. Grandmother</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>H2. Grandfather</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>H3. Mother</td>
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<td></td>
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<tr>
<td>H4. Aunt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H5. Uncle</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Father's Side | Alcohol | Drug | Psych. |
| H6. Grandmother |   |   |   |
| H7. Grandfather |   |   |   |
| H8. Father |   |   |   |
| H9. Aunt |   |   |   |
| H10. Uncle |   |   |   |

How many siblings do you have?

| H53. Brothers: |   |   |
| H54. Sisters: |   |   |

Have any of your siblings had what you would call a significant drinking, drug use or psychological problem – one that did or should have led to treatment?

<table>
<thead>
<tr>
<th>Y-Yes</th>
<th>N-No</th>
<th>X-Not applicable</th>
<th>Z-Not answered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siblings</td>
<td>Alcohol</td>
<td>Drug</td>
<td>Psych.</td>
</tr>
<tr>
<td>H11. Brother #1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>H51. Brother #2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H12. Sister #1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H52. Sister #2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FAMILY/SOCIAL RELATIONSHIPS

F1. Marital status:
   1-Married
   2-Remarried
   3-Widowed
   4-Separated
   5-Divorced
   6-Never Married

F2. How long have you been in this marital status? Years
    (If never married, then since age 18) Months

F3. Are you satisfied with this situation (0-2)?
   0-No
   1-Indifferent
   2-Yes

F51. How many children do you have?

F4. Usual living arrangements for the past three years:
   1-With sexual partner and children
   2-With sexual partner alone
   3-With children alone
   4-With parents
   5-With family
   6-With friends
   7-Alone
   8-Controlled environment
   9-No stable arrangements

F5. How long have you lived in these arrangements? Years
    (If with family or parents, since age 18) Months

F6. Are you satisfied with these arrangements?
   0-No
   1-Indifferent
   2-Yes

Do you live with anyone who:

F7. Has a current alcohol problem (Y/N)?

F8. Uses non-prescribed drugs (Y/N)?

F9. With whom do you spend most of your free time?
   1-Family
   2-Friends
   3-Alone

F10. Are you satisfied spending your free time this way?
    0-No
    1-Indifferent
    2-Yes

F11. How many close friends do you have?

Would you say you have had close, reciprocal relationships with any of the following people in your life?

   Y-Yes
   N-No
   X-Not applicable
   Z-Not answered

F12. Mother

F13. Father

F14. Brothers/Sisters

F15. Sexual Partner/Spouse

F16. Children

F17. Friends

COMMENTS FOR FAMILY/SOCIAL RELATIONSHIPS AREA: ____________________________
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Have you had significant periods in which you have experienced serious problems getting along with:

Y - Yes  N - No  X - Not applicable  Z - Not answered

<table>
<thead>
<tr>
<th></th>
<th>Past 30 Days</th>
<th>In Your Life</th>
<th>Has Alcohol or Drugs Affected This Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>F18.</td>
<td>Mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F19.</td>
<td>Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F20.</td>
<td>Brothers/Sisters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F21.</td>
<td>Sexual partner/Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F22.</td>
<td>Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F23.</td>
<td>*Other significant family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F24.</td>
<td>Close friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F25.</td>
<td>Neighbors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F26.</td>
<td>Co-workers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F23. *Specify other relative: ____________________________

Did any of these people abuse you:

00-None  23-Other family
18-Mother  24-Close friends
19-Father  25-Neighbors
20-Brother/Sister  26-Co-workers
21-Sexual partner/Spouse  27-Yes, but does not know who or
22-Children  chooses not to identify person

F27. Emotionally (make you feel bad through harsh words)?

F28. Physically (cause you physical harm)?

F29. Sexually (force sexual advances or sexual acts)?

How many days in the past 30 have you had serious conflicts:

F30. With your family?

F31. With other people (excluding family)?

ASK THE CLIENT TO USE THIS SCALE TO RATE THE NEXT TWO QUESTIONS:

0 - NOT AT ALL  3 - CONSIDERABLY
1 - SLIGHTLY  4 - EXTREMELY
2 - MODERATELY

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

F32. Family problems?

F33. Social problems?

How important to you now is treatment or counseling for these:

F34. Family problems?

F35. Social problems?
PSYCHIATRIC STATUS

P1. How many times have you been treated for any psychological or emotional problems:

In a hospital or inpatient setting? ☐ ☐ ☐
As an outpatient or private patient? ☐ ☐ ☐

P2. Do you receive financial compensation for a psychiatric or emotional disability (include pension, SSI, SSDI, etc.) (Y/N)?

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

Y-Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ …
INTERVIEWER’S ASSESSMENT

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DIAGNOSTIC IMPRESSION

SASSI-3:

  RAP?  
  FVA?  
  FVOD?  
  SYM?  
  OAT?  
  SAT?  
  DEF?  
  SAM?  
  FAM?  
  COR?
LEVEL OF CARE RECOMMENDATION

(Check one):

1. Not applicable
2. Level I – (Outpatient treatment)
3. Level II – (Intensive outpatient/partial hospitalization)
4. Level III – (Medically monitored intensive inpatient)
5. Level IV – (Medically managed intensive inpatient)