ASI-X Interview Form

Code

INSTRUCTIONS

1. Leave no blanks – When appropriate code items:
   X=Question not answered
   N=Question not applicable
   Use only one character per item
2. Questions in ***bold italics*** are critical items.
3. Space is provided after sections for additional comments

INTERVIEWER SEVERITY RATINGS

The ratings are estimations of the patient's need for additional treatment in each area. The scale ranges from 0 (no treatment necessary) through 9 (treatment needed to intervene in life-threatening situation). Each rating is based upon the patient's history of problem symptoms, present conditions and subjective assessment of treatment needs in a given area. rent problems and the perception of treatment needs within each area. For a detailed description of severity ratings derivation procedures and conventions, please consult the manual

ASI-X v 1.0, 1999-06-30, Öberg, D., Zingmark, D. & Sallmén, B.

ASI-X is based on ”the Expanded Female Version of the Addiction Severity Index (ASI) instrument, The ASI-F” (Brown, E., Frank, D. & Friedman, A. 1997). ASI-X is adapted to comparability with the EuropASI (Blanken *et al.* 1994).

ASI-X has been developed with support from the Swedish council for crime prevention (BRÅ), the Department for Clinical Neuroscience at Karolinska Hospital, The Swedish Prison and Probation Headquarter and the National Board of Institutional care (SiS).

PATIENT S RATING SCALE

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

RATING AND SEVERITY PROFILES

Patient rating problem

	Medical	Emlpoy./sup.	Alcohol	Drug	Legal	Family/social	Psycholog.
4							
3							
2							
1							
0							

Patient rating help

	Medical	Emlpoy./sup.	Alcohol	Drug	Legal	Family/social	Psycholog.
4							
3							
2							
1							
0							

Severity profile

	Medical	Emlpoy./sup.	Alcohol	Drug	Legal	Family/social	Psycholog.
9							
8							
7							
6							
5							
4							
3							
2							
1							
0							

Name: ______________________________

AA. I.D. number: [| | | | |] - [| | |]

AB. Type of treatment service: [|]

0=No treatment
1=Outpatient detoxification
2=Detoxification residential
3=Outpatient substitution
4=Outpatient drug-free
5=Drug-free residential
6=Day care
7=Psychiatric hospital
8=Other hospital/ward
9=Other ____________
10=Jail/Prison
11=Probation
12=Custody

AC. Date of admission: [| | | | | | |]
Y Y Y Y M M D D

AD. Date of interview: [| | | | | | |]
Y Y Y Y M M D D

AE. Time begun: (HHMM) [|] [|]

AF. Time ended: (HHMM) [|] [|]

AG. Class: [ ]

1=Intake
2=Follow/up (||No of assessment)

AH. Contact code: 1=In person 2=Phone [ ]

AI. Gender: 1=Male 2=Female [ ]

AJ. Interviewer code number: [| |]

AK. Special: [ ]

1=Patient terminated
2=Patient refused
3=Patient unable to respond

AL. Date from which last 30 days are counted: [| | | | | | |]
Y Y Y Y M M D D

AM. COMMENTS:Severity profile

B. General Information

B1. Current residence:
1= Large city (>100.000)
2=Medium (10.000-100.000)
3=Small (rural) (<10.000)

B2. City code:

B3. How long have you lived at this address? Y Y — M M

B4. Is this residence owned by you or your family? 0=No 1=Yes

B4a. Have you been homeless during the last 30 days? 0=No 1=Yes

B4b. If yes, where did you stay during these days?

1=Shelter	4=In a buildig
2=Friends	5=Outside
3=Car/caravan	6=Other ____________

B5. Age

B6. Nationality:

B7. Country of birth of:

a Respondent ____________

b Father ____________

c Mother ____________

B8 Have you been in a controlled environment in the past 30 days?

1=No	5=Psychiatric treatment
2=Jail	6=Detoxification only
3=Alcohol or drug treatment	
4=Medical treatment	7=Other ____________

B9 How many days?

B10. How many times have you been/made someone pregnant?

B11. How many times has a pregnancy resulted in childbirth?

B11b. How many different persons have you had these children with?

B12. How old were you when the first baby was born?

B13 a Enter *birth dates* for your children in column a Starting with the oldest child (YYYYMMDD)

B13b. Note the children's *sex* in column b
1=Boy 2=Girl N=Question not applicable

B13c. Note where the children presently are *living* in column c

1=With mother and father	5=Adopted
2=Mothers care	6=Institution (type) ____________
3=Fathers care	7=Died (when) ____________
4=Care of family member	8=Other ____________
5=Foster care	

	a Date of birth	b Sex	c Living
1			
2			
3			
4			
5			
6			
7			
8			
9			

B14a. Are there other children living with you now that you take care of? 0 =No 1=Yes

B14b. If yes on B14a, note sex: 1=Male 2=Female

B14c. If yes on B14a, note age:

	b Sex	c Age
1		
2		
3		
4		
5		

B15. Comments:

C Medical Status

C1. How many times in your life have you been hospitalised for medical problems? (include o.d.'s, d.t.'s, exclude detox.)

C2. How long ago was your last hospitalisation for medical problems? Y Y M M

C3. Do you have any chronic medical problems which continue to interfere with your life?
0=No 1=Yes

C3b. If Yes, specify: ______________________________

C4. Have you ever had any of the following health problems?
0=No 2=Don´t know
1=Yes 3=Refuses to answer

a Hepathitis B

b Hepathitis C

c Venereal diseases (excluding HIV)

d Tubercolosis

e Pelvic Inflammatory Disease

f Fits or seizures

C5. Have you been tested for HIV?
0=No 2=Don´t know
1=Yes 3=Refuses to answer

C6. If yes on C5, how many months ago?

C7. If yes on C5, what was the last test result?
0=HIV-negative 2=Don't know
1=HIV-positive 3=Refuses to answer

C7b. If HIV-positive (C7, alternative 1), have you developed AIDS?
0=No 2=Don´t know
1=Yes 3=Refuses to answer

C8. Are you taking any prescribed medication on a regular basis for a physical problem?
0=No 1=Yes

C9. Do you receive a pension for a medical disability? (exclude psychiatric disability) 0=No 1=Yes

C10. Have you been treated for medical problems by a physician during the past 6 months? 0=No 1=Yes

C11. How many days have you experienced medical problems in the past 30 days?

For questions C12 & C13 please ask patient to use the patient's rating scale

C12. How troubled or bothered have you been by these medical problems in the past 30 days?

C13. How important to you now is treatment for these medical problems?

Interviewer severity rating

C14. How would you rate the patient's need for medical treatment?

Confidence rating

Is the above information significantly distorted by:

C15. Patient's misrepresentation?
0=No 1=Yes

C16. Patient's inability to understand?
0=No 1=Yes

C17. Comments:

D Employment/Support Status

D1. Years of school education: (Years)

D2. Years of higher education: (University/technical)

D3. Highest degree of education obtained:
a (specify) ____________________

D4. Do you have a valid driver's licence?
0=No 1=Yes

D5. How long was your longest period of regular employment? (see manual for definition) Y.Y – M M

D6. How long was your longest period of unemployment Y.Y – M M

D7. Usual (or last) occupation?
a (specify in detail) ____________________

D7b. Does any person contribute to your support?
0=No 1=Yes

D7c. If yes on 7b, who is this person?

1=Spouse/partner	5=Child
2=Earlier spouse/partner	6=Grandparents
3=Parents/foster parents	7=Other relative
4=Sibling	8=Other ____________

D7c If yes on 7b, is this person your main source of support 0=No 1=Yes

D8. Usual employment pattern in the past 3 years?

1=Full time	5=Military services
2=Part-time (reg. hrs)	6=Retired/disability
3=Part-time (irregular, day work)	7=Unemployed (incl. housewife)
4=Student	8=In controlled environment

D9. How many days have you been working during the past 30 days? (exclude dealing/prostitution or other illegal)

D9b. How many days have you been sick-listed during the past 30 days?

D10 How much money did you receive from employment in the past 30 days? (after tax)

Did you receive money for your support from the following sources during the past 30 days?

D11. Unemployment compensation? 0=No 1=Yes

D12. Public assistance or welfare? 0=No 1=Yes

D13. Pension, benefits, or social security?
0=No 1=Yes

D14. Mate, family or friends? 0=No 1=Yes
(money for personal expenses)

D15. Illegal? 0=No 1=Yes

D16. Prostitution? 0=No 1=Yes

D17. Other sources? 0=No 1=Yes

D18. Which is the major source of your support? (use code 10-17)

D19. Do you have any debts? 0=No 1=Yes

D19a. If yes on D19, amount

D20. How many people depend on you for the majority of their food, shelter, etc?

D21. How many days have you experienced employment/unemployment problems in the past 30?

For questions D22 & D23 please ask patient to use the patient's rating scale

D22. How troubled or bothered have you been by these employment problems in the past 30 days?

D23. How important to you now is counselling for these employment problems?

Interviewer Severity Rating

D24. How would you rate the patient's need for employment counselling?

Confidence Rating

Is the above information significantly distorted by:

D25. Patient's misrepresentation? 0=No 1=Yes

D26. Patient's inability to understand? 0=No 1=Yes

D27. Comments:

E DRUG/ALCOHOL USE

	Age first use	Lifetime Yrs.	Past 30 days	Rt of adm*
E1. Alcohol – any use				
E2. Alcohol – overt threshold				
E3. Heroin				
E4. Methadone/LAAM				
E5. Other opiates/analgesics				
E6. Medicine/pills (see manual)				
E7. Cocaine				
E8. Amphetamines				
E9. Cannabis				
E10. Hallucinogens				
E11. Inhalants				
E12. Other				
E13. More than one substance per day (items 2 to 12)				

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. 6=Other

E14. Have you ever injected? 0=No 1=Yes

E14a. (if yes on E14, concerns any injections)

1 Age 1st injection. (YY)

2 Lifetime. (number of years)

3 Injection past 6 months. (number of months)

4 Last 30 days. (nuber of days)

14b. If injections past 6 months:
1=Not sharing 3=Often sharing with other
2=Sometimes sharing with other

E15. How many times had you:

a Had alcohol d.t's:

b Overdosed on drugs:

E15c. Do you smoke cigarettes? 0=No 1=Yes

E15d. If yes, about how many cigarettes did you smoke during the past 30 days?

E15e. How many times during the past 30 days did you stay up past 4 a.m. because you were using drugs or alcohol?
0=None 1=Once 2=Twice 3=Three times 4=Four or more times

E15f. Do you sleep until after 11 a.m. most days?
0=No, 1=Yes, not related to working hours
2=Yes, related to working hours

E16. Type of services and times received treatment:

	a Alcohol	*b Drugs*
1 Outpatient detoxification		
2 Detoxification residential		
3 Outpatient substitution		
4 Outpatient drug-free		
5 Drug-free residential		
6 Day care		
7 Psychiatric hospital		
8 Other hospital/ward		
9 Other treatment		

E17. How many months lasted the longest period that you have been abstinent/clean as the result of these treatments?

a Alcohol

b Drugs

E18. Which substance is the major problem?
Please code as above (1-13) or, see below.
When not clear, ask patient.
00=No problem 15=Alcohol & Drug (dual addiction)
16=Polydrug

E19. How long was your last period of voluntary abstinence from this major substance not as consequence of treatment? (00=never abstinent)

E20. How many months ago did this abstinence end? (00=still abstinent)

E21. How much would you say you spent during the past days on:

a Alcohol (amount ________________)

b Drugs (amount ________________)

E22. How many days of the past 30 have you received outpatient treatment? (include AA, NA, etc.)

E23. How many days in the past 30 have you experienced:

a Alcohol problems

b Drug problems

FOR QUESTIONS E24 & E25 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

E24. How troubled or bothered have you been in the past 30 days by these:

a Alcohol problems

b Drug problems

E25. How important to you now is treatment for these:

a Alcohol problems

b Drug problems

INTERVIEWER SEVERITY RATING

E26. How would you rate the patient's need for treatment for:

a Alcohol problems

b Drug problems

CONFIDENCE RATING

Is the above information significantly distorted by:

E27. Patient's misrepresentation?
0=No 1=Yes

E28. Patient's inability to understand?
0=No 1=Yes

E29. COMMENTS:

F LEGAL STATUS

F1. Was this admission prompted or suggested by the criminal justice system? (judge, probation/parole officer, etc.) 0=No 1=Yes

F2. Are you on probation or parole?
0=No 1=Yes

How many times in your life have you been chargedfor the following: (if never, code 0)

F3. Possession and dealing of drugs?

F4. Crimes against proporty? (burglary, larceny, shoplifting, fraud, forgery, extortion, receiving)

F5. Crimes of violence? (robbery, assault, arson, rape, homicide, manslaughter)

F6. Other crimes?

F7. How many of these charges resulted in convictions?

How many times in your life have you been charged with the following: (if never, code 0)

F8. Disorderly conduct, vagrancy, public intoxication?

F9. Prostitution?

F10. Driving while intoxicated?

F11. Major driving violations? (reckless driving, speeding, no license, etc.)

F12. How many months were you incarcerated in your life? (If never, code 0) Mos.

F13. If yes on F12, how long was your last incarceration? Mos.

F14. If yes on F12, What for? (Use code 03-06, 08-11. If multiple charges, code most severe)

F15. Are you presently awaiting charges, trial or sentence? 0=No 1=Yes

F16. If yes on F15, what for? (If multiple charges, code most severe)

F17. How many days in the past 30 were you detained or incarcerated?

F18. How many days in the past 30 have you engaged in illegal activities for profit? (if never, code 0)

For questions F19 & F20 please ask patient to use the patient's rating scale

F19. How serious do you feel your present legal problems are? (exclude civil problems) ☐

F20. How important to you now is counselling or referral for these legal problems? ☐

Interviewer severity rating

F21. How would you rate the patient's need for legal services or counselling? ☐

Confidence rating

Is the above information significantly distorted by:

F22. Patient's misrepresentation? ☐
0=No 1=Yes

F23. Patient's inability to understand? ☐
0=No 1=Yes

F24 Comments:

G Family History: Addiction, Criminality and Psychiatric Problems

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

Mother´s side a-Alc b-Drug c-Psych d-Crim					Father´s side e-Alc f-Drug g-Psych h-Crim					Siblings i-Alc j-Drug k-Psych l-Crim					Children m-Alc n-Drug o-Psych p-Crim				
1 Gr.mother	☐	☐	☐	☐	1 Gr.mother	☐	☐	☐	☐	1 Brother 1	☐	☐	☐	☐	1 Child 1	☐	☐	☐	☐
2 Gr.father	☐	☐	☐	☐	2 Gr.father	☐	☐	☐	☐	2 Brother 2	☐	☐	☐	☐	2 Child 2	☐	☐	☐	☐
3 Mother	☐	☐	☐	☐	3 Father	☐	☐	☐	☐	3 Sister 1	☐	☐	☐	☐	3 Child 3	☐	☐	☐	☐
4 Aunt	☐	☐	☐	☐	4 Aunt	☐	☐	☐	☐	4 Sister 2	☐	☐	☐	☐	4 Child 4	☐	☐	☐	☐
5 Uncle	☐	☐	☐	☐	5 Uncle	☐	☐	☐	☐	5 Step sibl.	☐	☐	☐	☐	5 Child 5	☐	☐	☐	☐
6 Imp.others	☐	☐	☐	☐	6 Imp.others	☐	☐	☐	☐						6 Child 6	☐	☐	☐	☐

Directions:
Code most problematic sibling in cases of more than two per category.
0=Clearly no for all relatives in the category
1=Clearly yes for any relative within the category
X=Uncertain or "I don't know"
N=There never was a relative from that category

G7. Comments:

H Family/Social Relationships

H1. Martial status:

1=Married
2=Remarried
3=Widowed
4=Separated
5=Divorced
6=Never married:

H2. How long have you been in this martial status? (if never married, since 18) Y Y M M

H3. Are you satisfied with this situation?
0=No 1=Indifferent 2=Yes

H4. Usual living arrangements? (past 3 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

H5. How long have you lived in these arrangements? Y Y M M
(if with parents or family since age 18)

H6. Are you satisfied with these living arrangements? 0=No 1=Indifferent 2=Yes

Do you live with anyone who:

H6a. Has a current alcohol problem? 0=No 1=Yes

H6b. Uses psychoactive drugs? 0=No 1=Yes

H7. With whom do you spend most of your free time?

1=Family, without current alcohol or drug problems
2=Family, with current alcohol or drug problems
3=Friends, without current alcohol or drug problems
4=Friends, with current alcohol or drug problems
5=Alone

H8. Are you satisfied with spending your free time this way? 0=No 1=Indifferent 2=Yes

H9. How many close friends do you have?

Direction for H9a + H10-H 18:
0=Clearly no for all in the category
1=Clearly yes for any within the category
X=Uncertain or "I don't know"
N=There never was a relative from that category

H9a. Would you say you have had close, long lasting, personal relationships, with any of the following people in your life?

1 Mother
2 Father
3 Sibling
4 Sexual partner/spouse
5 Children
6 Friends

H9b. How much do you feel cared about, liked or loved by the significant people i your life?
(such as family members, friends, and so on)

0=Not at all
1=A little
2=Somewhat
3=A lot

H9c. To what degree do you feel you need more emotional support?

0=Not at all
1=A little
2=Somewhat
3=A lot

Have you had significant periods in which you have experienced serious problems getting along with:
0=No 1=Yes

	a Past 30 days	***b In your life***
H10. Mother		
H11. Father		
H12. Siblings		
H13. Sexual partner/spouse		
H14. Children		
H15. Other close relative		
H16. Close friends		
H17. Neighbours		
H18. Co-workers		

Did any of these people (H10-H18) or any others (stranger/acquaintances) abuse you:
0=No 1=Yes

	1 Past 30 days	2 In your life
H18a. Emotionally? (make you feel bad through harsh words)		
H18b. Physically? (cause you physical harm)		
H18c. Sexually? (rape, forced sexual advances or non-consensual sexual acts)		
H18d. Sexual harassment? (inappropriate physical contact, stalking, using threats to secure sexual contact, etc.)		

H19. How many days of the past 30 have you had serious conflicts:

a With your family? (days)

b With other people?(days)
(excluding family)

For questions H20 - H23 please ask patient to use the client's rating scale

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

H20. Family problems?

H21. Social problems?

How important now is treatment or counselling for these:

H22. Family problems?

H23. Social problems?

Interviewer severity rating

H24. How would you rate the patient's need for family and/or social counselling?

Confidence rating

Is the above information significantly distorted by:

H25. Patient's misrepresentation?
0=No 1=Yes

H26. Patient's inability to understand?
0=No 1=Yes

Comments:

i Psychiatric Status

i1. How many times have you been treated for any psychological or emotional problems:

a As inpatient?

b As outpatient?

i2. Do you receive a pension for a psychiatric disability? 0=No 1=Yes

Have you had a significant period, in which you have:
(Questions i3-i6+i8 concerns period that was not a direct result of drug or alcohol use)
(see manual for definitions) 0=No 1=Yes

	a Past 30 days	***b In your life***
i3. Experienced serious depression?		
i4. Experienced serious anxiety or tension?		
i5. Experienced trouble understanding, concentrating, or remembering?		
i6. Experienced hallucinations?		
i7. Experienced trouble controlling violent behaviour?		
i8. Been prescribed medication for any psychological/emotional problem?		

	a Past 30 days	b In your life
i9. Experienced serious thoughts of suicide?		
i10. Attempted suicide?		

i10a. How many times have you attempted suicide?

i10b. Experienced anorexia, bulimia or other eating disorders?		

In the past 30, to what degree were you bothered by past experiences involving:
0=Not at all 2=Somewhat
1=A little 3=A lot

i10c. Emotional abuse?

i10d. Physical abuse?

i10e. Sexual abuse? (excluding rape and harassment)

i10f. Rape?

i10g. Sexual harassment?

i11. How many days of the past 30 have you experienced these psychological/ emotional problems?

For questions i12 & i13 please ask patient to use the patient's rating scale

i12. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

i13. How important to you now is treatment for these psychological problems?

The following items are to be completed by the interviewer

At the time of the interview, is patient: 0=No 1=Yes

i14. Obviously depressed/withdrawn?

i15. Obviously hostile?

i16. Obviously anxious/nervous?

At the time of the interview, is patient: 0=No 1=Yes

i17. Having trouble with reality testing, thought disorders, paranoid thinking?

i18. Having trouble comprehending, concentrating, remembering?

i19. Having suicidal thoughts?

Interviewer severity rating

i20. How would you rate the patient's need for psychiatric/psychological treatment?

Confidence rating

Is the above information significantly distorted by:

i21. Patient's misrepresentation?
0=No 1=Yes

i22. Patient's inability to understand?
0=No 1=Yes

i23. Comments:

Interview completed:

H.H M M