

ADAMH Addiction Severity Index Intake Short Form

PROVIDER	✓	PROVIDER	✓	PROVIDER	✓
1. AFRICENTRIC PDS		7. DIVERSIFIED COM		13. NORTH CMTY COUN	
2. AMETHYST		8. DUBLIN COUNSEL		14. NRTHWEST COUNSL	
3. COLS AREA CMHC		9. HOUSE OF HOPE		15. PARKSIDE RECVRY	
4. COLS HEALTH DPT		10. MARYHAVEN		16. PROJECT LINDEN	
5. COMPDRUG		11. NEIGHBOR HOUSE		17. SOUTHEAST INC	
6. CONCORD		12. NORTH CENTRA MH		18. TBI NETWORK	

1. MACSIS Member #		_____
2. Agency Case #		_____
3. Agency Staff #		_____
G5. Interview Date		___ / ___ / ___
G9. Mode of Interview	1-In Person	2-Phone

GENERAL INFORMATION

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 _____
 ❖ A “control environment” means a place, theoretically, without access to drugs/alcohol

G20. How many days? _____
 ❖ “NN” if G19 is No. Refers to total number of days detained in the past 30days.

MEDICAL STATUS

M3. Do you have any chronic medical problems which continue to interfere with your life?
 0-No 1-Yes
 ❖ “chronic medical problems” mean a serious physical condition that requires regular care, (i.e., medication, dietary restriction) preventing full advantage of their abilities.

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

M7. How troubled or bothered have you been by these medical problems in the past 30days?
 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

M8. How important to you now is treatment for these medical problems?
 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

EMPLOYMENT/SUPPORT STATUS

E4. Do you have a valid driver's license?
 0-No 1-Yes

E5. Do you have an automobile available for use? (Answer No if no valid driver's license.)
 0-No 1-Yes

E10. In the past 3 years, what has been your usual employment pattern?

❖ Select one to represent the **majority** of the last 3 years

- 1-Full time (40 hrs/wk)
- 2-Part time (regular hours)
- 3-Part time (irregular hours or day work)
- 4-Student
- 5-Service
- 6-Retired/Disability
- 7-Unemployed
- 8-In controlled environment (e.g., jail or hospital)

E11. How many days were you paid for working in the past 30 days? _____
 ❖ Include "under the table" work, paid sick days and vacation

E12. How much money did you receive from employment income in the past 30 days? _____
 ❖ Net or "take home" pay, include any "under the table" money

E17. How much money did you receive from illegal income in the past 30 days? _____
 ❖ **Cash** obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc.

DRUG /ALCOHOL USE

	In the past 30 days, how many days have you used	In your life, how may years have you regularly used
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	_____	_____

- ❖ Alcohol: Beer, wine, liquor
- ❖ Methadone: Dolophine, LAAM
- ❖ Opiates: Pain killers = Morphine, Diluaidid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Syrups=Robitussin, Fentanyl
- ❖ Barbiturates: Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
- ❖ Sed/Hyp/Tranq: Benzodiazepines=Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = ChloralHydrate (Noctex), Quaaludes
- ❖ 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.

- | | In the past 30 days, how many days have you used | In your life, how many years have you regularly used |
|--|---|---|
| D11. Hallucinogens | ___ ___ | ___ ___ |
| D12. Inhalants | ___ ___ | ___ ___ |
| D13. More than one substance per day (including alcohol) | ___ ___ | ___ ___ |
- ❖ Alcohol – to intoxication include feel the effects, “got a buzz”, “high”, 5+drinks in one setting, or within a brief period of time, etc.
- D19. How many times in your life have you been treated for alcohol abuse? ___ ___
- D23. How much money would you say you spent during the past 30 days on alcohol? ___ ___ ___ ___
- D26. How many days in the past 30 days have you experienced alcohol problems? ___ ___
- D28. How troubled or bothered have you been in the past 30 days by these alcohol problems?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely
- D30. How important to you now is treatment for these alcohol problems?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely
- D20. How many times in your life have you been treated for drug abuse? ___ ___
❖ Include detox., halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period).
- D27. How many days in the past 30 days have you experienced drug problems? ___ ___
❖ Include only: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to
- D29. How troubled or bothered have you been in the past 30 days by these drug problems?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely
- D31. How important to you now is treatment for these drug problems?
0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

LEGAL STATUS

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

- ❖ Do not include juvenile (pre-age 18) crimes, unless they were charged as an adult.

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

L17. How many of these charges resulted in convictions? ___ ___ ___

- ❖ "Convictions" include fines, probation, incarcerations, suspended sentence, and guilty pleas
- ❖ If L3-L16=00, then L17 = "NN"

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

L18. Disorderly conduct, vagrancy, public intoxication?	___ ___
L19. Driving while intoxicated?	___ ___
L20. Major driving violations (e.g., speeding, reckless driving, no license, etc.)	___ ___

L21. How many months were you incarcerated in your life? ___ ___

- ❖ If incarcerated 2 weeks or more, round this up to 1 month.

Mos.

L24. Are you presently awaiting charges, trial, or sentence?

0-No 1-Yes

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

- ❖ Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc.

L28. How serious do you feel your present legal problems are?

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

- ❖ Exclude civil problems

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

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

- ❖ Rating a need for additional referral to legal counsel for defense against criminal charges

FAMILY/SOCIAL RELATIONSHIPS

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

F3. Are you satisfied with this situation?
0-No 1-Indifferent 2-Yes
❖ Satisfied = generally liking the situation

F4. In the past 3 years, what has been your usual living arrangement?
❖ Choose arrangements most representatives of the past 3 years. If there is an even split in time between these arrangement, choose the most recent arrangement
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 (e.g., jail or hospital)
9-No stable arrangement

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

F7. Do you live with anyone who has a current alcohol problem?
0-No 1-Yes

F8. Do you live with anyone who uses non-prescribed drugs?
0-No 1-Yes

Have you had significant periods in which you have experienced serious problems getting along with the following:

- ❖ “Serious problems” mean those that endangered the relationship
- ❖ 0-No 1-Yes X- uncertain or don’t now N- where there never was someone from the category

	In the Past 30 Days	In your Life
F18. Mother	___	___
F19. Father	___	___
F20. Brothers/Sisters	___	___
F21. Sexual Partner/Spouse	___	___
F22. Children	___	___
F23. Other significant family members	___	___
F24. Close friends	___	___
F25. Neighbors	___	___
F26. Co-workers	___	___

F30. How many days in the past 30 days have you had serious conflicts with your family? ___

F31. How many days in the past 30 days have you had serious conflicts with other people?
 (excluding family) _____

F32. How troubled or bothered have you been in the past 30 days by these family problems?
 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

F34. How important to you now is treatment for these family problems?
 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

PSYCHIATRIC STATUS

P1. How many times have you been hospitalized for any psychological
 or emotional problems? _____

P2. How many times have you been treated as an outpatient for any psychological
 or emotional problems? _____
 ❖ Do not include substance abuse, employment, or family counseling

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

❖ 0-No 1-Yes	Past30	In Your
❖ Items P8-P10 Patient can be under the influence of alcohol/drugs	Days	Life

P4. Experienced serious depression? _____

P5. Experienced serious anxiety or tension? _____

P6. Experienced hallucinations? _____

P7. Experienced trouble understanding, concentrating or remembering? _____

P8. Experienced trouble controlling violent behavior? _____

P9. Experienced serious thoughts of suicide? (e.g., Patient seriously
 considered a plan for taking his/her life) _____

P10. Attempted suicide? (e.g., Include suicidal gestures or attempts) _____

P11. Been prescribed medication for any psychological or emotional
 problems? (prescribed for the patient by MD; e.g., a medication was
 prescribed even if the patient is not taking it) _____

P12. How many days in the past 30 have you experienced these psychological
 or emotional problems ? _____

P13. How much have you been troubled or bothered by these psychological or emotional problems
 in the past 30 days?
 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely

P14. How important to you now is treatment for these psychological or emotional problems?
 0-Not at all 1-Slightly 2-Moderately 3-Considerably 4-Extremely